

Spring 1977

Jefferson Alumni Bulletin – Volume XXVII, Number 3 Spring 1977

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"Jefferson Alumni Bulletin – Volume XXVII, Number 3 Spring 1977" (1977). *Jefferson Medical College Alumni Bulletin*. Paper 160.

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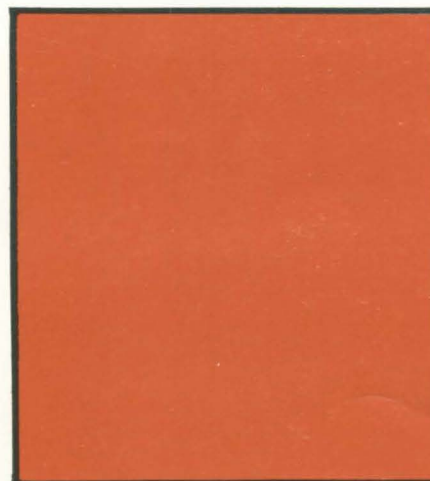
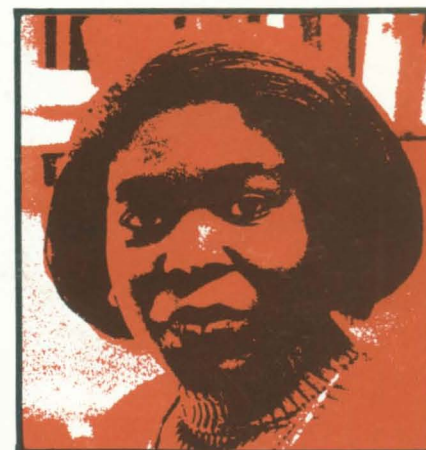
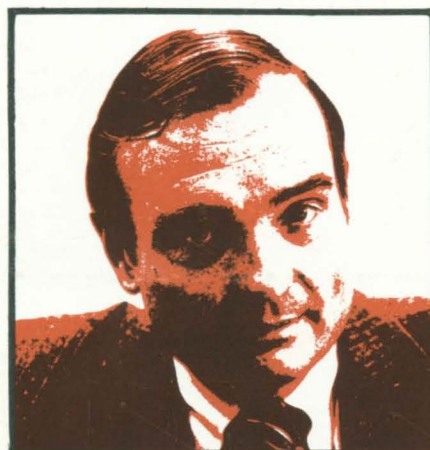
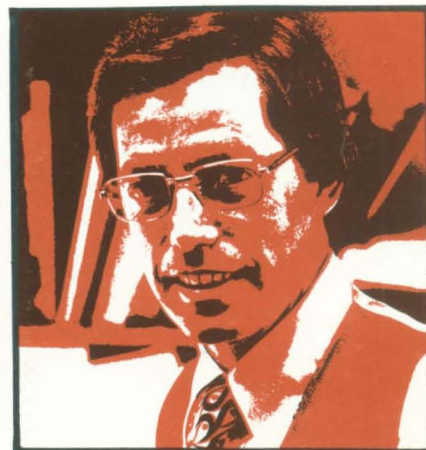
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Jefferson

MEDICAL COLLEGE
ALUMNI BULLETIN

Spring 1977

V27#3



Alumni Calendar

April 15-May 1

15th Postgraduate Medical Seminar,
Italy/Cote d'Azur

April 19

Reception and Dinner, The Fairmont
Hotel, Dallas, in conjunction with the
meetings of the American College of
Physicians. Special Guest: Frank D. Gray,
Jr., M.D., Magee Professor of Medicine

May 4

Reception, Hotel Toronto, in conjunction
with the meetings of the American
Psychiatric Association

May 9

Reception, Blackstone Hotel, Chicago, in
conjunction with the meetings of the
American College of Obstetricians and
Gynecologists

May 14

Reception to honor John S. Madara, M.D.,
'45, President of the Medical Society of
New Jersey, Haddon Hall

May 18-20

Symposium
Occupational Medicine
Jefferson Medical College

May 26

Chapter Dinner for Alumni in Northeastern
Pennsylvania.
Place to be announced

June 8

Clinic Program,
Dean's Luncheon,
Class Parties

June 9

Alumni Banquet, the Hyatt House
Cherry Hill

June 19

Reception, The Fairmont, San Francisco in
conjunction with the meetings of the
American Medical Association

Class Reunion Parties

June 8, 1977

1927 **50th**

Dinner, The College of Physicians of
Philadelphia Luncheon, Jefferson
Alumni Hall, June 9

1932 **45th**

Dinner
The Locust Club

1937 **40th**

Dinner Dance
The Barclay Hotel

1942 **35th**

Dinner Dance
Jefferson Alumni Hall

1947 **30th**

Dinner Dance
The Merion Cricket Club

1952 **25th**

Dinner Dance
Jefferson Alumni Hall

1957 **20th**

Dinner Dance
Jefferson Alumni Hall

1962 **15th**

Dinner
The Living History Center

1967 **10th**

Dinner Dance
Jefferson Alumni Hall
Saturday, June 11

1972 **5th**

Dinner Dance
Jefferson Alumni Hall
Saturday, June 11

CANDIDATE FOR ALUMNI TRUSTEE

Carl Zenz, M.D., 1949

Dr. Zenz presently is serving as Director of Medical Services at the Allis Chalmers Corporation in Milwaukee, Wisconsin, beginning there as a resident in industrial medicine in 1956. From 1952 to 1954 he served as a captain in the Army and from 1954 to 1957 he was a United States Atomic Energy Commission Fellow at the University of Cincinnati's Institute of Industrial Health (Kettering Laboratories) earning a Doctor of Science degree in Industrial Medicine in 1957.

Dr. Zenz is a Visiting Professor of Community Health and Preventive Medicine at Jefferson and is a Clinical Professor of Preventive Medicine at the Medical College of Wisconsin in Milwaukee.

He is President-elect of the American Occupational Medical Association and served as President of the American Academy of Occupational Medicine in 1974. He also has been a Vice-President of the American College of Preventive Medicine. These are just three of the many organizations with which he is affiliated.

In 1975 he edited "A Textbook on Occupational Medicine" published by Yearbook, is a member of the editorial board of *The Journal of Occupational Medicine* and has been Book Review Editor since 1967. He has written numerous papers for publication in his field of occupational medicine.

Dr. Zenz, certified by the American Board of Preventive Medicine, serves as Chairman of the Section of Preventive Medicine at Milwaukee's St. Luke's Hospital.

He and his wife, Lillian, have three children, two of whom are studying at Jefferson Medical College.

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John H. Hodges, M.D. '39
George J. Willauer, M.D. '23

DETACHABLE BALLOT ON BACK COVER

The Other Health Professionals

2

This issue of the Bulletin features 10 men and women whose management, socio-legal and technical skills contribute to quality medical education and/or patient care at Jefferson, including:

Byron Irwin, Associate Hospital Director
Portia Milan, Rehabilitation Social Worker
A. Grant Sprecher, Corporate Attorney
J. Peter Blisard, Business Manager, Department of Medicine
Elizabeth Turner, Chairman, Department of Medical Technology
Theresa Powers, Director of Audio-Visual Services
Lee J. Joiner, Manager of Medico-Legal Affairs
Alice Mackov, Head of Readers' Services, Scott Library
Stephen Langfeld, Director, Office for Planning Health Care
Thomas R. Murray, Director of Business Administration, JMC



p. 2



p. 28



p. 30

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Burton L. Wellenbach, M.D.

Jefferson Scene 28

Class Notes 35 Obituaries 42

On the Cover: These faces should be familiar to Jeffersonians on campus. They are some of "The Other Health Professionals" (see pp. 2-27), who contribute their professional skills to the University in ways other than practicing or teaching medicine.

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Published four times a year, Fall, Winter, Spring, Summer
Second Class Postage Paid at Philadelphia, Pa.

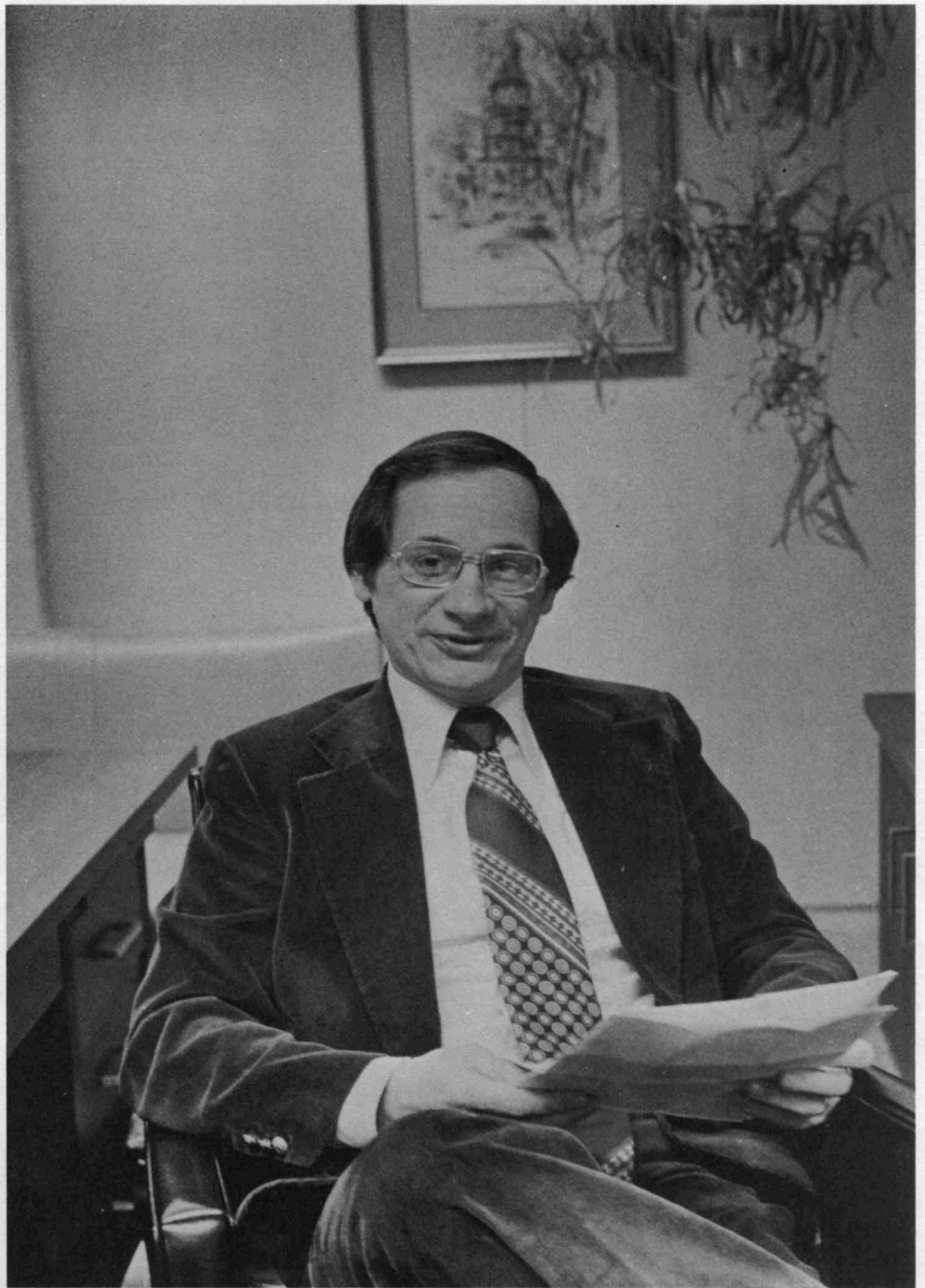
The Alumni Association of Jefferson Medical College
1020 Locust Street, Philadelphia, Pennsylvania 19107

The Other Health Professionals

by Joy Roff Mara

It should be no revelation that many trained specialists besides physicians and nurses are necessary to the operation of an institution like Jefferson, a medically-oriented university dependent on many non-medical functions.

This issue of the Bulletin features 10 Jefferson professionals whose particular management, socio-legal and technical skills ultimately contribute to quality medical education and/or patient care.



He Uses Management Principles To Improve Patient Care And Cut Costs

Byron Irwin, Associate Hospital Director

To Associate Hospital Director Byron Irwin a hospital is a business. Rather than implying a lack of humanity (Irwin chose a career in hospital management because he couldn't see devoting his life and management skills to a material product destined for obsolescence), his attitude reflects a belief that applying management principles and techniques to operating a medical center can improve patient care and cut operating costs.

As one of three Associate Directors, Irwin has responsibility for all inpatient affairs and ambulatory care including patient services, emergency care, admissions, medical records, utilization review and quality assurance. His jurisdiction also encompasses the nursing service, medical staff concerns, medico-legal affairs and, perhaps most significant of all at the moment, program planning for the new hospital. He has three Assistant Directors reporting to him and is in turn responsible to Dr. Frank Sweeney, Vice-President for Health Services. In overall perspective, his areas of concern account for more than 50% of the total hospital operating budget.

It is clear that you are outside the realm of the bromidic from

the minute you step into Byron Irwin's office, with its conference table expanse of desk entirely devoted to work space, no stacks of memos, no leather blotters or gilt gift ensembles, no clutter in evidence of mind or material. One's curiosity about the contents of the walnutesque double doors on the wall is very soon satisfied.

Irwin uses the large drawing tablet they conceal to illustrate his verbal points, conveying simultaneously George Allen in half-time conference and a dynamic college lecturer whose classes no one cuts, you wouldn't dare, you'd miss too much.

That combination of enthusiasm and professionalism, always desirable, is probably indispensable to coping with the time pressure of program planning for the new university hospital. "Five to ten years ago," Irwin says, "the schematic guidelines for the hospital were set down: a structure designed around physiologic systems combining inpatient and ambulatory care on alternate floors to provide integrated, continuing care. This is fine as far as it goes, but it is our job to design the specifics of the plan to maximize the intended efficiencies. I recently visited a new medical center

hospital in California whose original plan was innovative and structural capabilities impressive. But because there was no coordination in planning the specifics, the old system has been perpetuated in the new building. We have a \$100 million building going up across the street, whose innovative design and inherent efficiencies will not be realized if we attempt to provide 1965 patient care in a 1990 facility."

What this translates to in part for Irwin is applying the business techniques of materials management to the hospital's receiving, processing and distribution systems. As his fast-flowing charts make clear, these systems cut through the traditional jurisdictions, because the handling of drugs, office supplies, laboratory specimens, laundry, or food are common to all areas or patient care programs. If the process is designed to encompass the entire hospital, significant economies of scale and therefore cost reductions can be expected. Designing the specific mechanisms and seeing that they are implemented is the responsibility of his Program Planning Committee, a broad-based group with University-wide representation.

On a more complex level, the

same potential for integration exists regarding patient care. "Our product, so to speak, is a healthy patient. If we follow a patient as a health problem along his expected continuum of care we can see that his care program crosses traditional disciplinary lines. As his treatment progresses in, for example, renal disease, he will go theoretically from outpatient care probably rendered by an internist or family physician, to a hospital nephrologist's care with dialysis, possibly to transplant surgery and then back through the outpatient process to complete, ideally, the continuum to health. Looking at the process from this integrated perspective is really a hospital application of the systems approach, and coordinating the various disciplines along these lines will maximize our resources as it does in any business."

Irwin and his Committee and its various task forces, it should be noted, hardly proceed at their leisure. The construction of the new hospital is so far on time, with a projected completion date of February, 1978. He is also responsible for the logistics of physically moving patients and equipment to the new facility, and barring an unexpected strike, the time remaining is hardly generous. "Of course we'll be ready, we have to be."

Unlike his industrial counterparts, whose redesigned systems can be effected by a rearrangement of machinery or change in techniques, in the hospital setting Irwin has to be equally concerned with a notoriously unpredictable variable: people. The approach to problems of a management professional and a health professional are very compatible, he says, to a point. While their terminology, or buzz words as Irwin calls

them, are different, both see a situation in terms of identifying the problem (diagnosis), deciding on a proper course of action (care plan) and implementing the decision (treatment). The difficulty arises, however, when the health professional expects from management the same rapid and concrete response to problems that he experiences in treating his or her patients. In hospital management the solution can virtually never be immediate and a true resolution often occurs many months after the "diagnosis" has been made.

A good example of the reasons for this disparity is Irwin's recent work in the reallocation of hospital beds. Several years ago the Department of Medicine became impatient with the scattering of its inpatients on random, non-Medical floors. In addition to the extra steps it made for its house-staff and attendings, they quite rightly objected that a surgical or obstetrical floor was less likely to have equipment and nursing personnel capable of dealing most effectively with a peculiarly medical emergency.

If the problem was obvious, however, the solution, from Irwin's necessarily broader viewpoint, was not. Bed availability and occupancy rates had to be considered from both a logistical and financial perspective. Because any decision would have long term impact on patient care and the medical staff, it was vital to involve as many people as possible in the design process, getting their ideas and building their commitment to a solution they helped determine.

Since most would agree that the time it takes to make a decision increases in proportion to the number of those involved in the process, it is not remarkable that

the bed reallocation plan took two years to finalize. Its success and its built-in accountability have been remarkable, however. In return for bed assignments along specialty lines, the departments now maintain a minimum of 85% occupancy for a fiscal year. More patient days were generated in 1976 than in previous years despite an overall reduction in the number of beds, and even some special care units now average better than 85% occupancy.

In addition to the satisfaction of achieving the objective, Irwin notes that each problem that is worked out helps him gain a better definition of what a hospital is and suggests other improvements and efficiencies. It also helps him understand the hospital as a total organism. "This is important," he says, "because in many instances a problem is brought to our attention that can be compared to the left arm pain felt by coronary patients. They are presenting a perceived problem or symptom, but we have to identify the *real* problem."

Byron Irwin came to Jefferson in 1971 as Assistant Hospital Director for Management Systems. He also was responsible for ancillary services before becoming Associate Director. He has been in his present capacity since 1975.

Irwin values his own M.B.A. not as a symbol but because he feels it is the proper training to get the job done. This belief has made him seek out what some would call the unorthodox backgrounds of several of his employees. He recently hired one M.B.A. graduate with industrial but no hospital experience as Operating Room Manager, on the theory that the principles of production applied by a management professional could increase OR efficiency. It is working. He

has also attempted to couple pertinent disciplines to maximize potential. An M.S. in quality control engineering from a school with a problem-solving rather than all-technology orientation is now directing Jefferson's quality assurance section. An M.S. in information systems science is the Medical Records Department Director, since medical record keeping is really a medical information systems. "I don't mean to imply that there is no role for the health care administration, public administration or public health majors. But I am convinced that the greatest need right now is for more professionals trained in sound management principles."

If the conservative stereotype of "the administrator" doesn't fit Irwin at the office, it comes no closer in his private life, which is, to say the least, active. He and his family have several acres of land, horses and a stable for them he built himself. He rides a motorcycle. Tennis twice weekly, skiing, photography, music, reading and travel are a few of his other leisure pursuits, but he enjoys his service on the Board of his church, the inter-faith Echelon Mall ministry, and the Juvenile Conference Committee in his community as well.

The Associate Director also holds no conventional ideas about his own future. He speaks drily about "my next step" being defined as becoming a full Hospital Director, and he expects at some point to make this step somewhere. Beyond this point, however, he knows he will make some change but he refuses to be programmed. "Well," he says, "there's consulting, teaching, government service... or it's entirely possible that I will leave the field completely."

"Disabled Does Not Mean Helpless"

Portia Milan, Rehab Social Worker

"Think of your own situation," says rehabilitation social worker Portia Milan. "If you and your husband hadn't been getting along before his spinal cord injury, how would you react to a lifetime of getting up twice a night to turn him over, taking care of his bladder and bowels, feeding him, dressing him... Of course in most cases an injury is not debilitating to this extent, but we find that it is the perception of the disability, rather than the disability itself, which has the profound effect on the patient

and his or her family. Those patients who can value the functional abilities they have and can cope with those they don't have tend to make the best adjustments."

Reaction is just one of the many variables Mrs. Milan has to consider in helping a patient deal with his or her disability. As one of two rehab social workers on the interdisciplinary Jefferson unit, she has responsibility for half of the unit's 28 (maximum) patients, most of whom have recently suffered a traumatic illness



like stroke, loss of limbs or paralysis of various origins. Patients are referred to the unit through consultants at affiliate hospitals and of course from Jefferson inpatient floors. While the average length of stay is about 30 days, many patients are there much longer because of the nature of their disabilities. Whenever possible, Mrs. Milan requests the long-term care patients with whom she enjoys building a relationship. One of her current patients, for instance, has been at Jefferson since last August.

While a social worker's emphasis will be different for each individual, the objectives fall into two major categories which Mrs. Milan refers to as concrete and emotional support. When a patient first comes to her she evaluates such concrete problems as financing his care, obtaining necessary equipment, therapy and home health care. Meeting these needs involves her with the Medicare, Medical Assistance and other assorted bureaucracies, but in some respects she finds this interaction one of the least difficult parts of the job. "We can always manage to arrange for the basics—therapy, a prosthesis, a wheelchair, etc. It is once the bottom line has been met, however, that it becomes frustrating. If you have money there is no end to the equipment you can get to help you live a near normal life. If you don't have your own financial resources, you stop with the wheelchair."

The care available to the disabled person once he returns home is another basic concern. Mrs. Milan must determine the availability and willingness of family members to assume both basic care and perhaps aiding in job-related activities. If alternate arrangements must be made, she

guides the families through the maze of pertinent social agencies and their requirements. She will also advise about physical rearrangement of the home to accommodate a particular disability. While she is not specifically trained in job counselling, she helps patients as much as she can and refers those who are interested and qualify to a vocational counsellor.

One would expect that taking care of the non-concrete needs, i.e., helping the patient adjust emotionally to his disability, would be the more difficult of the two. One would also expect that dealing daily with the depression, the anger and the negative self-images experienced by the recently injured would become rather grim for the social worker as well. But no, says Portia Milan, she does not find the job in the least depressing.

"In part that's because I know how well things can turn out. But it's also because the atmosphere here is hopeful and hardworking. Patients are kept very busy with physical and occupational therapy twice a day and meetings with physicians and other personnel during breaks. Visiting hours are short, and the visitors pour in when they are allowed, so that keeps patients busy too. Naturally they have emotional adjustments to make, and we're supportive, we tell them that it's appropriate and normal to be depressed in their situations. For most the depression does not interfere with their functioning, and they are anxious to begin therapy. As they progress with the therapy it soon becomes obvious that disabled does not mean helpless."

Because Jefferson's Rehabilitation Department involves several disciplines, patients receive emo-

tional support from all the team members. The social workers meet with physicians, nurses, the physical, occupational therapists, speech pathologists, and psychologists both individually and in twice weekly group conferences. The same group also meets with patients' families, who need support as well as guidance because they suffer the same emotional stresses as the patients themselves.

Mrs. Milan says the relationship she develops with a patient is her most effective tool, and her outgoing friendliness gives her what would be deemed in a physician an effective bedside manner. It is difficult to avoid animated adjectives in describing Portia Milan's enthusiasm for all aspects of her life from family to school to her job. She reports, for instance, that she loves children, and photos of her own two daughters, ages seven and three, are prominently displayed in her office. She seems rather proud, too, of her husband, an attorney.

With what appears to be characteristic openness, she says she was in school "forever" in part because circumstances dictated intermittent periods of full-time employment and in part because she loved school. She took her B.A. in social work at Temple, graduating in 1974, and went on for her M.S.W. at Penn. Like many, she reports that graduate school cured her of any desire to be a perpetual student, but she is nonetheless an active member of Penn's Alumni Association.

During graduate training Mrs. Milan had the chance to work at Jefferson's affiliate Magee Memorial Hospital, and while she values the experience she prefers the situation at Jefferson, where she has been on staff since last

May. At Jefferson, she explains, the patients are being simultaneously treated for multiple medical problems as well as physical handicaps. This might seem at first to be an odd preference, but in addition to making her job more challenging, this means that many patients will periodically return here for treatment in other areas after their therapy is completed. "It provides us with an opportunity for follow-up that doesn't exist in other rehab situations. I think it makes us more effective."

While Portia Milan is obviously not one to accentuate the negative, there is one aspect of social work only the unconcerned could herald: the social system in which the disabled must live. "There is no comprehensive, useful system for the handicapped person in this country," Mrs. Milan notes. "There are bits and pieces for those on Medicare or Medical Assistance, but there are endless qualifications which the majority do not meet. Housing is a perfect example. The few facilities avail-

able require you to pass a "means test" which once again discriminates against middle income earners. The attitude of society is perhaps the greatest barrier, particularly in terms of jobs for the handicapped. If you as a writer, for instance, lost your arms you could still function professionally using dictating equipment. But would anybody hire you?"

The lack of community resources devoted to the handicapped makes many social workers believe that to help their patients they have to be more than effective caseworkers. They must also be agents of change. This is done partly through the discipline's own "literature," but it requires additionally what used to be called activism, getting consumers interested in their own problems, organizing providers and consumers in hopes of influencing legislation and administrative regulations. Disabled in Action and the Delaware Valley Council on Services to the Handicapped are organizations making such efforts. "My own special interest," Mrs.

Milan notes, "is transportation, because it is the key to so many aspects of a person's life. It is the rare disabled person who can afford a privately equipped van à la Ironside. There is a well-run semipublic system to provide the disabled transportation for medical appointments, but what about for jobs or shopping or entertainment? The need now is simply not being met."

While deeply committed to and involved with her patients, Mrs. Milan has the very essential ability to avoid an emotional level of involvement that would hinder her effectiveness. She does not form personal friendships with even the long-term patients because, "Once you have established your role as social worker, you will always be a social worker to your client even after he leaves the hospital. After a certain point it is not useful for us to continue to solve the patient's problems. One of our most important functions is to prepare him sufficiently to want and be able to solve his own problems."

To Her Lawyer, Jefferson

Means Variety

**A. Grant Sprecher,
Corporate Attorney**

Jefferson isn't attorney A. Grant Sprecher's only client but it is his admitted favorite. In part, that's because he finds TJU's senior officers a knowledgeable and competent group who do not need to be extensively educated about his functions. He also enjoys the diversity of those functions, which include insurance and malpractice affairs, medical law, student and faculty problems, corporate concerns and even real estate acquisition. He is in addition Secretary to the Jefferson Board of Trustees, a position he inherited from J. Warren Brock, a senior

partner whom he assisted on Jefferson matters from his first days with his present firm, Obermayer, Rebmann, Maxwell and Hippel. "I spend some part of almost every day on Jefferson matters," he says, "and every day brings something different."

Sprecher, whose father was an M.D., has always been interested in health care and in fact considered becoming a physician himself until organic chemistry at Colgate suggested another direction. After following Colgate's pre-law track he came back to Philadelphia to Penn's law school



Grant Sprecher: Every day with Jefferson brings something new.

and, with the exception of National Guard active duty with the First Troop, Philadelphia City Cavalry, he has worked with Obermayer since his law school graduation in 1961. He is now a partner in the general practice firm of some 44 lawyers, including former Senator Hugh Scott, head of the Washington office.

Although he has responsibility as Secretary of TJU's Board for all Jefferson legal affairs and represents the University in all litigation, several lawyers within the firm handle various other Jefferson matters. While he participated, for example, in the intricacies of floating the hospital

bond issue, he was not the primary counsel involved. Some of his more intense involvement in non-litigation work has included personally negotiating the real estate acquisition for the new hospital site, working with the Medical Staff Committee to revise their staff by-laws, and consulting with Dr. Peter Herbut on Jefferson's conversion to university status. "The purely legal aspects of becoming a university presented very few problems. The timetable, however, was complex, timing was critical and several procedural roadblocks intervened. I got to know Dr. Herbut very well during this period

because we were in constant contact. It was very satisfying for us both when everything fell into place right on schedule."

While Sprecher is Head of the Litigation Section at ORM&H he enjoys a range of legal interests and says he would not like a steady diet of litigation. He handles jury trials on an average of 10 to 12 cases per year, though he of course appears in court at other times on matters like obtaining injunctions and does appellate court work.

Jefferson matters are handled in three different trial court systems; the state court, which handles civil matters including medical malpractice and contract actions, hears the greatest number. Federal district court resolves certain questions relating to Federal statutes, which Sprecher says are few in Jefferson's case except that civil rights cases seem to be a growing area. Most often Jefferson is involved in Federal Court on what are called diversity of citizenship cases, in which litigants reside in different states. Jefferson has also managed to avoid much contact with administrative agencies, where provider reimbursement and social security problems, for example, are settled.

Unlike some attorneys in his position, Sprecher is actively involved in preparing his cases as well as arguing them. While some assistance in preparing a case is necessary for a busy practitioner, he believes no lawyer can adequately try a case without contributing to its logic and construction.

Sprecher's favorite Jefferson case was a professional liability action involving a radiology resident whose patient had a serious, instant reaction to an injection of renografin during an intravenous pyelogram. The patient sued Jef-

person on grounds that the resident had given her too much of the renografin too quickly, contrary to manufacturer's advice and recognized good practice. She also claimed that her reaction to the drug was more serious than was necessary because her follow-up care at Jefferson had been inadequate.

The case was particularly interesting in part because then Radiology Chairman Dr. Philip Hodes was one of the country's foremost experts on renografin, and his research indicated that the manufacturer's packaged insert concerning the drug's characteristics was incorrect. He felt very strongly that his resident had acted in accordance with good practice and he attended the court proceedings faithfully each day. Because the resident had come here to study from Japan and had a pronounced accent and difficulty with the English language, the case took on an additional perspective for Grant Sprecher. "The possibility that members of the jury may have been influenced by racial prejudice had to cross our minds. Anyone on that jury could have lost a father or a husband or a brother in the South Pacific during World War II."

The case was eventually decided in Jefferson's favor, Sprecher says, because of an error in the plaintiff's testimony. From a less modest perspective, however, Sprecher won the case with a dramatic demonstration that would not be out of place in the pages of Erle Stanley Gardner.

"The plaintiff testified that 25 cc of renografin were injected in one or two seconds by what she called a 'horse needle.' She insisted it was injected so quickly that she'd actually felt it hit the vein, and her attorney put a radi-

ologist on the stand to verify the possibility of the timing. We brought out a similar needle and 25 cc of renografin. I questioned the radiologist and determined that the temperature of the courtroom would make the viscosity of the solution reasonably close to that in the original incident. The radiologist also stated under questioning that resistance while injecting renografin into the vein would have been greater than what we would encounter injecting it into a glass for demonstration purposes. Just as we were about to begin the test, there was an electrical failure in the courthouse and all the lights went out; by the time power was restored the jury were on the edge of their seats. It took a full 15 seconds for the solution to be injected into the glass. When the proceedings were over several members of the jury told me that the demonstration had cast doubt on the whole of the plaintiff's testimony."

Unlike many involved in the professional liability field who blame the emotionalism of laymen for aggravating the malpractice situation, Sprecher prefers to plead his cases before a jury, which assesses both liability and damages in a malpractice suit. In addition to the purely numerical differences of eight or 12 opinions to be influenced on a jury versus one with a judge alone, Sprecher believes that regardless of medicine's poor public image, most juries tend to be fair. Jefferson has had only two large verdicts go against it since Sprecher has been in charge of its defense, and he feels this success is in part based on an ability to translate good medical practice into lay terms. "It is critical that the jury fully understand the issues involved. Once they do they

will generally realize that medicine is still an art and not a precise science."

Sprecher, who is a Trustee at Methodist Hospital, lectures in hospital administration at Temple, and whose law firm has represented 30 other hospitals in court, feels that Jefferson is the most impressive in many ways. One of the greatest rewards in his Jefferson association has been watching and providing support for the institution's growth: the campus, for instance, consisted of the three hospital buildings, the College and Curtis Clinic when his association began.

For all its diversity and competence, however, Jefferson as a client is not without its faults. The most apparent is what is known at Obermayer, Rebmann, Maxwell and Hippel as the warm weather Friday afternoon syndrome; to wit, the inevitability of the most difficult problems being brought to his attention between 4:30 and 5:00 before a balmy summer weekend. Sprecher recalls one instance in which he was tracked down at a dinner party at midnight on a hot July Friday. The mother of a premature, two-pound newborn was insisting that she wanted no artificial life supports used on her child, and the hospital administrators were naturally concerned about Jefferson's legal position. "I told them to continue life support until the next morning when I would try to get a court order mandating it. On Saturday morning, a roasting summer day, I drove around for three hours trying to find an available judge in the city of Philadelphia. I finally succeeded in getting a temporary court order because of a golf date cancellation. The order was signed in front of the Philadelphia apartment building by a judge with golf clubs on his back."

Liaison Between Physicians And Funding

**J. Peter Blisard,
Business Manager,
Department of
Medicine**

If you've ever wondered what happens when a funded project overspends its grant, join Peter Blisard. As Business Manager for the Department of Medicine, it is his job to find the money to cover the deficit on any of the Department's outside grants or, preferably, to cut expenses on the project itself to obviate the loss. "As a grant is running out," Blisard says, "we get a projection from Accounting of its overruns. I study the project's records to see how the problem happened and where we can make cuts for the grant's duration to try to balance out. That probably means loss of personnel, no new supplies, etc. If a man has a non-restricted account the deficit can perhaps be absorbed within it. As a last resort we try to find Department money to cover the loss."

As might be expected, the Department's budget is not overflowing with surplus funds waiting for a cost overrun. While money for DOM operations

comes from different sources including the Medical College, the Hospital and outside grants, these funds are for the most part allocated before they're received. The only flexible area of the budget is the percentage the Department receives from Jefferson's Medical Practice Plan. Under this arrangement the full-time faculty members turn over their patient fees to the Controller and the total moneys are redistributed according to a set formula; some are returned to the physician, and some allocated to his department. As outside funding has decreased, the Department of Medicine, like most departments, has come to depend on this MPP money as its source of income for expansion and other variables.

When Blisard is not consulting with physicians to insure that the budget sections of applications to bring in new grants are presented both properly and attractively, he is usually conjuring with



present moneys to see that they go as far as they can. Often this simply involves what he calls paper shuffling, checking all purchase orders to avoid duplication, monitoring personnel forms and time sheets for the 113 non-academic staff etc.

Naturally too he negotiates with the Dean's staff when the Medical College budget is being prepared and then with the heads of DOM's ten divisions to parcel out the Department's eventual share. If the intra-Department budgeting can be difficult and not always without acrimony, neither is presenting the budget request to the Dean an altogether simple matter. Consideration relies in part on "professional effort reports," a euphemism for what are in essence physician time sheets. The Dean wants to know what percentage of the 43 full-time faculty members' time is being devoted to medical education, patient care, research and administration to insure that the priorities of the College are reflected in its financing. Blisard reviews the forms with the Department Chairman both with a view towards the Dean's budget and to assess performance from DOM's own perspective.

In addition to serving as liaison between the Department of Medicine, the Controller and the Personnel and Accounting Departments, Blisard has responsibilities that are perhaps best labelled as services. He oversees, for instance, a subaccounting system for billing patients on medicare or medical assistance. This is primarily a service to physicians who restrict their practices to a few patients for research purposes and have no need of full-time billing arrangements of their own. Faculty personnel files

are in his keeping as are payroll records for the Department's 40 second and third year residents, 20 first year residents and 25 Fellows, whose partially tax-exempt status he can thereby support in case of IRS challenge. Recently he has also given administrative support in the search for a new Samuel D. Gross Professor of Surgery, following the June, 1977 resignation of Dr. Harry S. Goldsmith.

Pete Blisard himself does not appear to be the sort to let paperwork get him down. He has a close family and a house at the shore for personal compensation, and if he exhibits a considered lack of *macho* about his domain, it is no less obvious that he is informed and effective in its pursuits. He assesses situations with candor and dry wit, backed up by industry experience in personnel and finance at, for instance, the GE Missile and Space Center. Under government contract there he worked on engineering administration for a manned orbiting capsule that, like so many similar programs during the Nixon years, was eventually cancelled. While he was anxious to leave that unhopeful field, he was to say the least surprised by the differences between industry and medicine when he came to Jefferson in 1969.

"My first day here I looked for the policy and procedures manual, your Bible in industry, and there wasn't one. I was overwhelmed by the lack of standardization and the traditional independence of the physicians in areas like timekeeping and personnel practices. Jefferson has become much more sophisticated since those days, but in comparison with industry, management services are still primitive and centralization of authority

and functions less in evidence."

Working with the Chairmen of the Department has been interesting for Blisard, and the change between Dr. Robert I. Wise and the new Chairman Dr. Frank D. Gray has been a noticeable one from his perspective. "As Chairman of Medicine at Lankenau Dr. Gray had to become involved in the business aspects of running a department, because there was no sizeable staff there to do it for him. His knowledge provides a good system of checks and balances, and gives us a different situation than we had under Dr. Wise, who was less involved in business matters." With a new Chairman there are also new plans; finding funds for a new Division of Infectious Disease and a new Head for an expanded endocrinology division are two working priorities now.

Although cutting back and saying no may be the most visible aspects of a business manager's work, there is definitely still room for creativity in the search for new funds. Using industry logic, for instance, the Department of Medicine got additional money from the College budget in exchange for other sources of income developed by the Department. Blisard and the Chairman also worked out a plan with several affiliate hospitals to fund additional residents. This was arranged by having the contracting affiliates agree to pay Jefferson for the resident's services on the basis of what it costs to train him rather than for his service time. And as Controller Frank O'Brien points out, someone like Blisard acting as liaison makes working with current funds a more efficient proposition. "He can explain our position to the physicians and vice-versa. He makes our job much easier."

Teaching Technologists Judgment As Well As Technique

Elizabeth Turner, Ph.D.
Chairman, Department of
Medical Technology

When I told Dr. Elizabeth Turner, Professor and Chairman of the Department of Medical Technology, that she could reach me in the Alumni Office, her response to the assumptions of my unraised consciousness was disturbingly correct: "Which one?"

As Chairman of a program that is, in comparison with the nearly 900 students in the Medical College, a small one (48 students), Dr. Turner fields such *faux pas* as a matter of course. "When I talk about 'The College,' for example, I mean the College of Allied Health Sciences. But most people at Jefferson automatically associate that phrase with the Medical School."

Dr. Turner has been at Jefferson since 1971, when she was asked to revamp and direct the medical technology program. Since 1929 a course had been given under the auspices of the Pathology Department, first consisting of one or two years on-the-job training and then becoming a one year clinical program, offering the fourth year of a bac-

calaureate program to students who had already completed three years of college elsewhere. When Dr. Turner assumed direction of the Department, she revised the program to offer the third and fourth college years to sophomore transfers.

As the course now exists, the Department has much more control over the education students receive. Students in the junior year can learn and practice using the various instruments and techniques before they apply the principles to their work in the senior year clinical situation. The curriculum also includes intensive basic sciences preparation in physics, anatomy and physiology, analytical chemistry and biochemistry, and biology. Computer science and statistics are part of the course of study as well. The Medical Technology Department has its own faculty with all ranks represented, but the University's basic science faculty also teaches some of its courses. The program is accredited by the National Agency for Clinical Laboratory Sciences,

which means its graduates are eligible to take the medical technology national boards. "The Jefferson clinical labs' support and their willingness to innovate have contributed a great deal to the program's success," Dr. Turner notes.

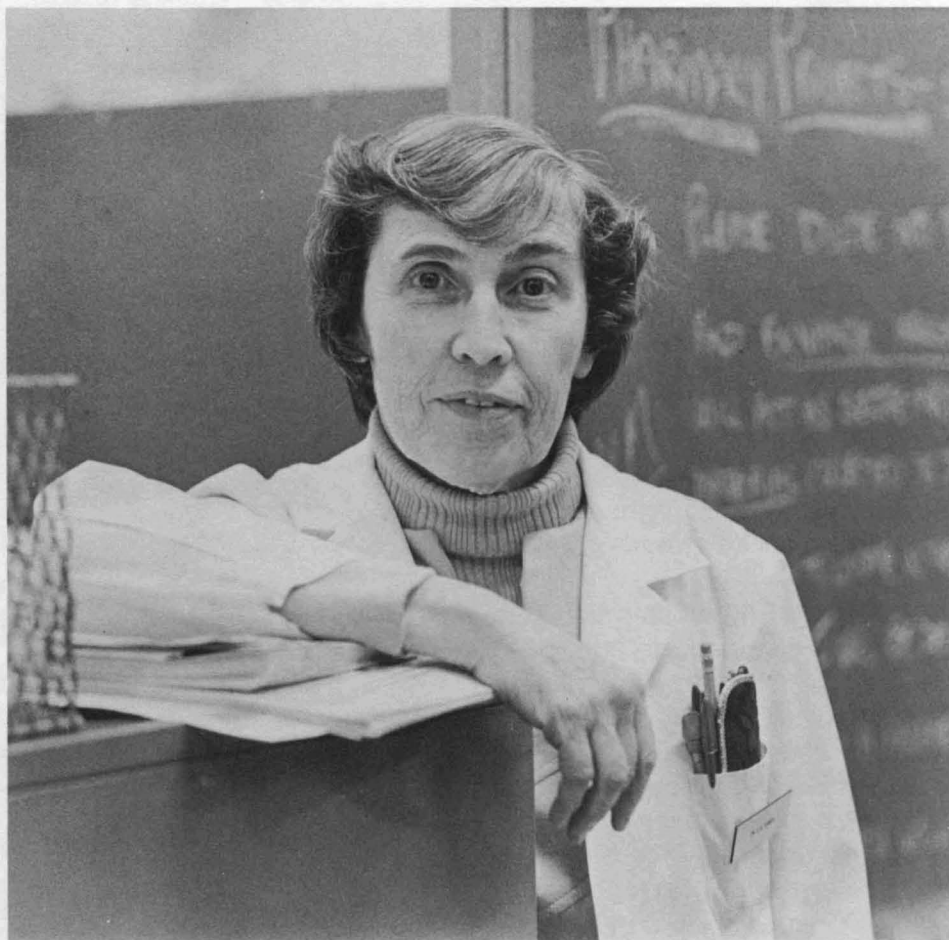
The new approach results in less actual time spent in the labs but time more usefully spent overall. "A good knowledge of the basic sciences is essential for a medical technologist today," Dr. Turner emphasizes. "Advances in the technology come so rapidly that an instrument we teach this year may be outdated by the time a student graduates. The difference between a technologist and a technician is that the technologist knows more than how to run a machine. A technologist is expected to have judgment, to understand the principles of an instrument or procedure and to know what to do when things go wrong."

Dr. Turner is known for the freedom she gives her faculty to develop their own courses. Associate Professor Sister Regina Rowan, for example, notes that the curriculum has been modified twice in her own three-year tenure, the result of Dr. Turner's interaction with faculty and response to their suggestions. "She never dictates to us," says Sister Regina. "I have always been given complete freedom to develop and present my courses. When I wanted to extend my labs and cut the lecture time, I outlined the ways in which I felt the students would benefit, and she couldn't have been more amenable." Her awareness of the need for good, up-to-date equipment and supplies is a distinct virtue to her faculty, yet significantly she also has the unqualified respect of CAHS Director of

Business Administration Wayne Brown with whom she plans and administers her budget.

In cooperation with colleagues from Temple and the University of Pennsylvania Dr. Turner is also developing a consortial weekend technology program under a five-year Federal grant. Recently enacted Federal and Pennsylvania state legislation now define the necessary qualifications for clinical laboratory supervisors. A Bachelor of Science degree in Medical Technology meets these requirements. Many Philadelphia area supervisors received their training through non-degree, on-the-job courses such as the program the Philadelphia County Medical Society sponsored until three years ago when the Pennsylvania law took effect. The weekend consortium is designed to help these supervisors get the degree they need to keep their jobs. The course, which will begin in September, 1977, includes Friday evening lectures with the Saturday and Sunday labs utilizing what would otherwise be empty laboratory space at Jefferson and the other schools. The weekend program can be completed in three years, and entering students must have attained college credit in the basic sciences and math. Before receiving the degree they must at some point accumulate two years of college credit in humanities, social sciences, etc. just as the full-time matriculants.

Dr. Turner obviously enjoys educational innovation, but her own teaching is still the most rewarding aspect of her work. She teaches two terms of instrumentation, her favorite section being electronics. The textbook looks formidable, and students generally approach the course very hesitantly. But electronics is something of a hobby for Dr.



Turner, and the students are amazed to find that they do eventually catch on. Because the school and its faculty-student ratio are small, personal relationships and good rapport come easily. "My favorite moment," Dr. Turner says, "is when a student first realizes that he or she understands. But it's also gratifying to see the students progress, and to hear our graduates tell us how well-prepared they find they are for their new jobs."

Dr. Turner herself has a Ph.D. in biochemistry from the University of Toronto. She and her husband first came to this country to do research at Jefferson's Cardeza Foundation, but she left her job when she had the first of her three children. "I'm one of those

old-fashioned mothers," Dr. Turner says. "I was entirely domestic for 15 years while the children were growing up." Her return to work came about by chance at a meeting of a women's professional society. The Chairman of the Department of Medical Technology at the School of Allied Medical Professions at the University of Pennsylvania, who was also a member of the organization, knew about Dr. Turner's credentials and asked her to join the Department on a parttime basis.

When she started at Penn, Dr. Turner's youngest child was three and a member of a cooperative play group. This meant that every other week Dr. Turner combined her teaching with

managing six three-year-olds as her part in the cooperative. Fortunately she was allowed a very flexible schedule during her six years at Penn, and even after she became an Assistant Professor she was always able to be home for the children by 3:30 P.M.

All the children are now grown but she has two grandchildren to keep busy. When she is not working or with the family she enjoys musical activities; she plays the viola with the Chestnut Hill Orchestra and a string quartet and is especially fond of chamber music.

While most Jefferson medical technology graduates join hospital laboratories, a growing number is going on to graduate school either in a subspecialty or in general medical technology. Dr. Turner's hopes for the future of her Department include both groups. For those who join lab staffs she hopes in time to be able to provide continuing education courses. "We're hoping that this will be one of the fringe benefits of the week-end program. The machinery will already be set up, and all we'll have to do is keep it going." She would also like to expand the Department to include graduate courses, but plans are far from definite at this point.

Dr. Turner has found that clinical chemistry in a medical technology program is applied biochemistry, and thus feels her background prepared her very well for her present position. But just as important as technical preparation, Dr. Turner notes, is knowing how to deal with people. "A Department Chairman in any discipline has to be able to relate well to faculty and to students. If you are communicating with both groups you'll be able to see problems before they become unmanageable."



Adapting Audio-Visual Technologies

To A Medical University

Theresa Powers,
Director, Audio-Visual Services

While only those behind bars could consider much of today's network television programming educational, the potential for TV as an educational medium obviously exists. The PBS stations address this potential to a degree, but when even "the educational stations" are offering Dorothy Sayers' detective stories under the title of Masterpiece Theatre, it seems appropriate to suggest that the non-convict population might best look elsewhere for its instruction. Happily, those professionally concerned with education have learned to adapt television's technologies to their own purposes, and at Jefferson the increasing use of videotape and live closed circuit TV has been both promoted and facilitated by Audio-Visual Department Director Theresa Powers.

Miss Powers is enthusiastic about the uses of videotape, but says initially her Department didn't have the money for the equipment to demonstrate its possibilities. The Graduate School was the first to get the color monitor and cassette components and allowed Audio-Visual to use them for consultation purposes. As various segments of the University have seen its capabilities, this technology has become increasingly popular; the Library, the Departments of

Medicine and Family Medicine and others all now have the machines. With at least one TV-cassette combination in each of four Jefferson buildings the opportunities for more departments to make use of them are growing.

The television involvement of the Audio-Visual Department has grown with the demand. There is an on-going relationship, for example, with the Scott Library's audio-visual section helping to select, operate, and to a degree repair the equipment. Consulting to simplify and develop a Jefferson format for the many technologies and possibilities is a more complex aspect of their library work. One initial problem, for instance, was the lack of standardization in commercial equipment and videotape productions. Every manufacturer had its own cassette specifications to match the films, slides and videotapes it put out, with the result that 50 different types of hardware would have been necessary to offer a full range of educational materials. Technical details aside, working with librarians in Philadelphia and beyond, all of whom had similar problems, the situation was eventually resolved. "By adopting as standards the 2" by 2" slide for the Kodak Carousel and the 3/4" videotape

cassette for the Sony and JVC television recorders as a standard and buying the more adaptable Sony hardware, we are able to make available a broad range of materials using only two or three types of equipment."

Audio-Visual is also connected to the Library by the materials they themselves produce. In addition to making slides and photographic prints, AV has its own color camera and tape recorder to make videotapes. While the Department faces many technical problems including paging system interference, Jefferson has been able to have its own videotapes produced of doctor-patient interviews, speech therapy, rehabilitative and occupational therapy techniques and lectures as requested. The Library may receive copies of these and other AV work, and in fact is the only centralized repository of the Department's finished products.

As an offshoot of the closed circuit TV technology, Miss Powers' Department is also involved in televising an activity like Opening Exercises from one room to another if seating capacity for a popular event is insufficient. Things like this have become fairly routine, and what they are really looking forward to is setting up a studio of their own. "In order to produce sophisticated tapes of surgery, for instance, we need studio conditions and a suitable camera. Our philosophy," Miss Powers notes, "has always been to master the basics first and then move on to the complexities. So now piece by piece we are starting to assemble our studio."

Miss Powers, known as Miss P. to her staff, has been at Jefferson for 19 years. After graduating from Rosemont College she began her career as a biologist in

research and development with the biological testing division of the Philadelphia Quartermaster's Depot. After a subsequent position with extensive work in pediatric dermatology at the Skin and Cancer Hospital she came to Jefferson's Anatomy Department because she wanted to work on the electron microscope. As it happened, Department Chairman Dr. Andrew J. Ramsay needed a general assistant and she decided to accept that position instead. It was with Dr. Ramsay, who used slides, closed circuit TV and motion pictures in his teaching, that she became involved with audio-visual equipment. "I learned a whole range of skills in photography, television, medical artwork, and projection equipment. Dr. Ramsay was one of the first to use the computer in student examinations, and I learned those techniques too." It was only when Dr. Ramsay retired in 1972 that Dean William F. Kellow decided to put the talents she learned in the Anatomy Department to use for the College.

Perhaps in part because of Miss Powers' long tenure here and her chance to get to know many of those now on staff as medical students, Audio-Visual's relationship with its constituents is a positive, responsive one. The Office has a no-frills, non-hierarchical kind of efficiency and a relaxed, even when hectic, air. Miss Powers answers her own phones, calls almost everyone honey, and shares responsibility for routine requests without a hint of self-congratulatory populism. "It is basic," she says, "that everyone be confident in his or her ability to do a job properly. So often it is a person's own fear of poor performance that prompts unpleasantness. We all

help each other learn here and we discuss the best way of doing things. If, as we've been told, we project congeniality, it is probably in part because we have no rivalries among ourselves. Doing a good job benefits everyone."

Although the Department's original mandate was and still is to serve the Medical College, the various skills are often difficult to compartmentalize, and "We gladly accommodate requests from the other schools if we can," says Miss Powers. The most common request for AV services is not related to television but involves use of the other equipment and personnel to operate it: showing slides or movies at a lecture, taping a talk, etc. Equally great in demand are the requests for producing slides. Medical illustration is another aspect of their work.

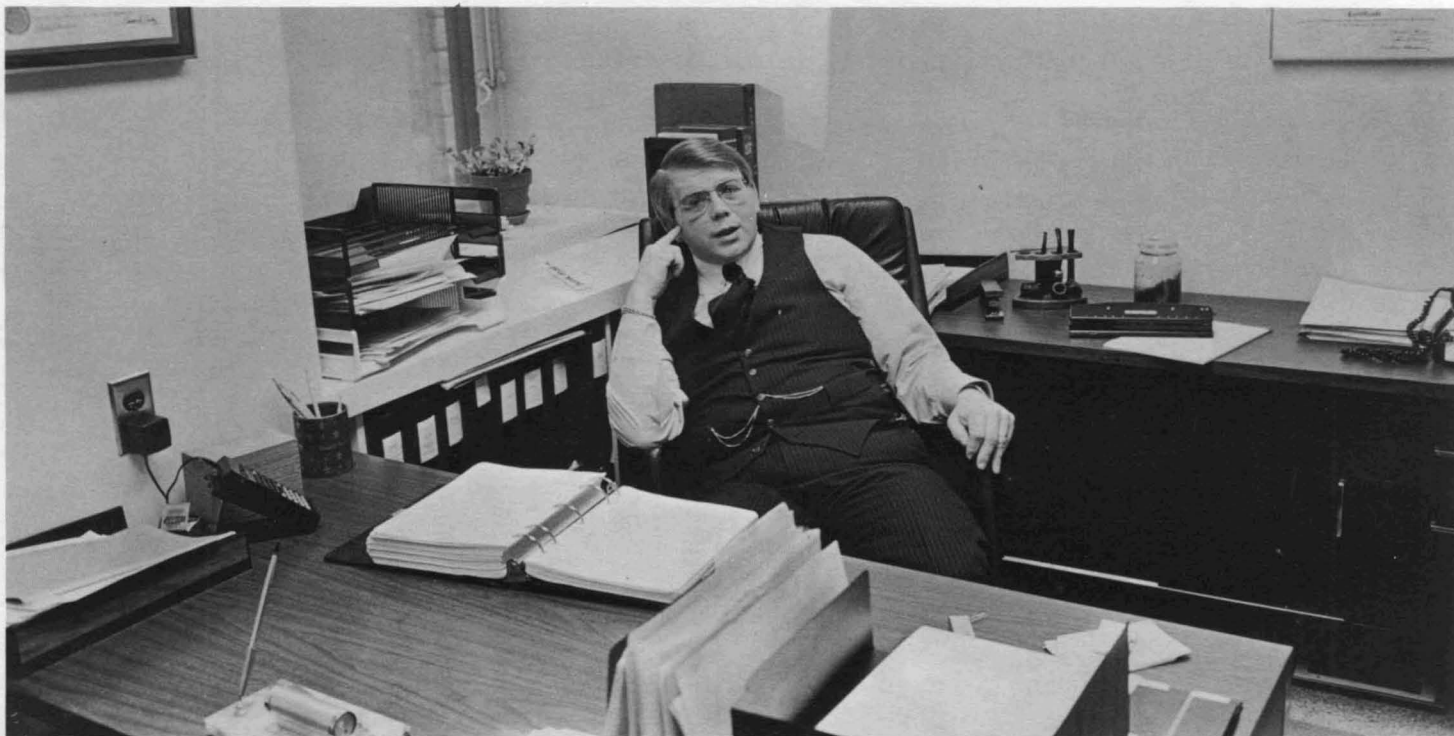
Audio-Visual also interacts with non-educational areas in the University as diverse as the Fire Marshall, Social Service workers, Maintenance and even departments at other institutions who request information on techniques or materials. She finds that intra-university cooperation goes both ways. "We helped Herb Connor and Ralph Woolwine in the Psychiatry Department renovate some of Jefferson's old television equipment for their studio taping of patient interviews," she notes. "But we have benefitted from their professional knowledge, particularly their advice about new equipment."

In addition to advising architects and engineers on wiring for television in the Health Sciences Center and the new hospital, for the last year and a half she has been very much involved in devising and perfecting a method of charging the AV customers, billing and recording the fees. Prior

to that time the Department was funded entirely by medical school moneys and apart from photo material charges no departmental budgets were assessed for AV services. "We are to the point now," she says with the satisfaction of a non-specialist who has succeeded in an alien endeavor, "where we are almost self-supporting for salaries and benefits. And our methods of accounting are so well-developed that we're rivaling the speed of a computer." Miss Powers is also on several University Committees, including Supportive Facilities and the University Art Committee, advising membership in her area of expertise.

While her job too entails reading journals and keeping up with "the literature" in the field, Miss Powers makes time after hours for her own reading and a pastiche of other interests as well. She is, for instance, currently reading books on heraldry, Oriental carpets and *The Federalist Papers*. She describes herself as having an unconquerable urge to label, and has collections of stamps, coins, shells, and semi-precious stones, all of which are researched at length and categorized. And there is also labor and copyright law, music, theatre, art, travel and writing family historical reminiscences.

Miss Powers and her staff of five are a cynic's despair. They are nice people without being saccharine or dull. They are optimists without being blind or simplistic. Neither humble nor braggadocian, they have taken a small budget operation for one college and given good service to a University. For the future, Miss Powers says, they look forward to growing, expanding their base and their activities, and "just getting better."



Reducing Malpractice And Insurance Costs Through Risk Management

**Lee J. Joiner,
Manager, Medico-
Legal Affairs**

Every specialist has his maxims. "Your premiums reflect your experience," "The past cannot predict the future," and "One explosion can ruin your year," are some of Lee Joiner's. An insurance expert who has seemed to gravitate throughout his career to the field's worst problem areas, Joiner has remained true to pattern by becoming Jefferson's first Manager of Medico-Legal Affairs. In his own terms that makes him a risk manager, and in anybody's terms that means malpractice.

The art of hospital risk management is as new as it is complex. The need for such a service in general resulted from a combination of factors including the traditional reluctance of the insurance industry to write certain kinds of coverage: surety bonds on finance companies, fire insurance for laboratories and malpractice insurance for physicians and hospitals. In addition to their financial concerns, insurance representatives have not as a rule

found doctors and hospital administrators easy to deal with. Hospitals are notorious for waiting to report actionable incidents to their companies until litigation is actually threatened or underway. To the insurance companies this delay means a weaker case, since the memories of staff involved inevitably lose precision in the usual year to two-year interval before court. Physicians, too, have tended to guard the prerogatives of privilege, which might be medically understandable but is just one more difficulty to the insurer.

The attitude of the insurance industry added to the quantum leap in malpractice claims in the last five years has made it financially advantageous and perhaps even imperative for Jefferson and other hospitals to find another way. Jefferson last year became one of the first to establish an office to centralize management of the institution's malpractice and insurance affairs.

For Lee Joiner, who has a law degree as well as years of diverse experience in the insurance industry, the job primarily takes three directions. He arranges insurance coverage for the hospital in compliance with state law; he works to decrease the number of incidents resulting in legal action; and he negotiates with complainants and their legal representatives to resolve as many problems as he can out of court. Despite his law degree, Joiner has never had an interest in becoming involved in defending cases in court and in fact has found no reason to take the Pennsylvania bar exam required of practicing attorneys. Jefferson counsel Grant Sprecher (see p. 7) takes over at this point. It should also be noted that while his workload is enormous Joiner is not expected to do everything by himself. He has physician consultants to review charts and clarify medical technicalities, a medical records librarian and a nurse investigator.

One of the most innovative actions of Joiner's tenure has been his negotiations on Jefferson's behalf with Lloyd's of London for what is formally known as a retrospective rated policy. Under such a scheme Lloyd's agrees to issue a policy and pay Jefferson's malpractice and selected other insurance losses, which total dollar amount the University repays the firm with an additional percentage for their offices. The losses, then, essentially become the premium in this quasi-self insurance plan.

Although with litigation it takes up to four years to determine the total premium for any one year, the amount deposited as Jefferson's projected premium for this year is \$1,100,000. If this figure seems formidable, the

comparison with rates quoted by conventional carriers is the more so: \$8,000,000 for a three-year period. The savings made possible by this plan are reflected in percentage comparison figures recently released by the American Hospital Association. The average increase last year in overall insurance premium rates for hospitals was 58%; Jefferson's increase was 38%. The average increase in malpractice premium rates was 139% nationally and 244% in Philadelphia. Jefferson's increase was 74.4%.

In the day to day routine perhaps the most time-consuming aspect of a risk manager's job is monitoring the "incident reports" sent over from the hospital. As part of the overall medico-legal program hospital staff have been instructed to compile these reports for any incident involving patient/visitor injury or perceived injury as it occurs. In addition to obviating the problem of memory lapses, the reports also facilitate what Joiner calls trend analyses that can help prevent the injuries that lead to litigation.

As an example of a relatively straightforward trend analysis, Joiner recalls a study he made prior to coming to Jefferson. "By reviewing the reports we found that in a four-week span we had seven incidents of visitor falls on the same hospital floor between 10:45 and 11:00 A.M. Investigation revealed that the time period coincided with the floor moppers' coffee break, when mops left standing in buckets invariably spilled water in the halls. It was also the time of morning when visitors were first permitted to see newborns, which meant a crowd of people in a hurry. This, of course, is a simple analysis and was an easy

situation to rectify, but we have proven the approach in general to be effective." Interestingly enough, at Jefferson the highest category of actionable incidents is patient falls from bed.

It is also important to note that the best analysis and most erudite conclusions would still make a risk manager "no more than an insurance clerk" without administration support. "I know colleagues from other institutions," he says, "who fight an uphill battle for every modification they suggest. At Jefferson with Byron Irwin and Dr. Frank Sweeney there seems to be a 100% commitment. If my recommendations are substantiated, the administration does everything it can to implement the changes."

In addition to the trend analyses, the incident reports also give Joiner the opportunity to check potential actions against similar cases he has encountered in the past. In cases where Jefferson is clearly liable, it saves the institution money to recognize that fact and settle before lawyers and their fees become involved. It also saves a hidden cost, employee salaries for time they are testifying in court or giving depositions rather than being on the job. "The average minimum cost to a defendant who is not assessed damages in a malpractice suit is \$11,000," says Joiner. "About \$7,000 of that goes to the lawyer and the other \$4,000 is lost employee time."

Perhaps the area in which the greatest skill is required is dealing with potential plaintiffs whose legal positions are more oblique. From the time the first letter of complaint or threatened court action comes in, Joiner begins to negotiate if he feels the complaint is unfounded, always remembering that even a case

Jefferson is guaranteed to win will cost us \$11,000 if it gets to bar. Some other figures are also at the back of his mind in approaching negotiations: only 38% of all malpractice cases result in a verdict against the defendant. When the courts are finding that 62% of all complaints are unjustified the opportunities for negotiation clearly exist. But negotiation, Joiner stresses, is an art, not a science. "I can't tell you what I do; I don't do the same things every time. Often when you get down to it and throw out the legal idioms you're dealing in plain common sense."

The thought might be crossing your mind that if Joiner can usually predict in advance the likely disposition of a case so could those plaintiffs' attorneys who take on the unfounded 62%. Of course they can, Joiner says, and

the best ones in town refuse more cases than they accept. "It is the firms or individuals trying to break into malpractice who will take on a tenuous case. Perhaps," he adds with admirable charity, "they don't have enough experience to know the difference."

Lee Joiner is enthused about his work, to say the least, and insurance occupies a good portion of his private hours as well. In addition to teaching taxation and business law at Camden County College and working on his master's degree in insurance, Joiner has been appointed Chairman of the Risk Management Council of the Council of Pennsylvania Teaching Hospitals. The function of the group is to establish standards for the new field. If he has had enough insurance experience to qualify as an expert, however, he has not been single-minded

enough to become narrow. His bachelor's degree from Yale University, for instance, is in far eastern languages, and nearly eight of his working years were spent as an intelligence officer with the National Security Agency.

Although he is in a field where at the moment even the good news is bad news, Joiner is far from becoming a doomsayer. In fact he even offers hope for the malpractice situation's return from the realm of the surreal in the not too distant future. "I think we have reached the apex of the proliferation in number of claims and number of unfounded claims that began about five years ago. We are going to begin to see countervailing forces like legislation and risk management taking effect so that seven or ten years from now the situation for everyone has got to improve."

At the Reference Desk, No Request Is An Imposition

Alice Mackov, Head of Readers' Services, Scott Library

Expecting that the majority of those whose help one is obliged to request will give it, if at all, only renitently, fecklessly and with as little grace as possible does not necessarily imply cynicism, particularly of the city-dweller. If the familiar "That's not my job" or "The person who takes care of that is out to lunch" suggest worker alienation as much as specialization and/or unionization it seems reasonable to assume continued, if not increasing, indiffer-

ence. Against this norm the attitude of Jefferson's Alice Mackov, and in my experience everyone on staff at the Scott Library where Miss Mackov is Head of Readers' Services, takes a little getting used to.

To begin with, everyone on the Library staff learns the job of one other person, and many staff members take a turn at circulation desk duty. This policy allows the staff to understand the particular needs and frustrations of different

specialized functions as well as facilitating better staffer-reader communication. For the library user it means that lunchtime and sick days don't automatically delay service. As expedient as such formal arrangements are, however, it is the commitment to consider no request an imposition that differentiates Miss Mackov and her co-workers.

As Head of Readers' Services Alice Mackov's administrative responsibilities include audio-vis-

ual aids, recreational reading, and circulation, but it is as a reference librarian that most Jeffersonians know her. An M.S. graduate of Drexel's School of Library Science, she has been at Jefferson since 1969 when her former Professor, Robert T. Lentz, persuaded her to leave the College of Physicians of Philadelphia and join his staff. In addition to having completed a Fellowship at the National Library of Medicine, Miss Mackov had unusual but appropriate preparation for medical librarianship. As a former bacteriologist at Mount Sinai Hospital in New York and then for 15 years head of a clinical laboratory for a physicians' multi-specialty group, she brings to her current position a scientific background that often makes the difference in an information search.

Helping readers find the mate-

rials they need encompasses many activities, from actually compiling a list of readings and references for a telephoning physician to teaching students in all of Jefferson's programs how to use the library. "For students especially," Miss Mackov notes, "we encourage educated self-help and eventual self-sufficiency. It is to the student's advantage to learn the various sources of information available to him or her because if they practice in a small town or hospital this may be their only exposure to a complete service library. We are gratified when the librarians at our affiliate hospitals tell us our students are known for their ability to make the most of a library's resources."

Alice Mackov's teaching occurs in various guises, from conducting orientation tours of the library for incoming student

groups and individuals to helping searchers ask the right questions and realize their needs more precisely. "We assume nothing. If we see a person who appears to be spending too much time looking, we'll go to him if he doesn't come to us. Then the next time he needs something he'll either be able to find it himself or will know we are willing to help and come to us initially. Time is precious to everyone in a medical university, and if a reader can't get together with his sources quickly then we feel we're not doing our job."

The new curriculum necessitates visits to the library early in the freshman year for medical students, and this group is the one that statistically makes most use of Miss Mackov's services. Nursing students from all programs and graduate students are also good "customers," and Miss



Alice Mackov: Providing the most service we can is our job.

Mackov's comments on the various groups show the insight, humor and affection she projects to those who know her. She finds, however, that she knows most students as individuals by the time they graduate and notes that one of the rewards of the job is the personal relationships that develop. "I guess I get to know the graduate students best, and when they come back to give me papers they've had published after many hours of work here it's a great moment."

A new service Miss Mackov's division offers at present to the Department of Medicine is having a reference librarian, instantly available for questions and comments, sit in on intake conferences. This rather extraordinary service is not, Miss Mackov stresses, spoonfeeding the physicians. "Their discussions make it clear that they know the literature and they have already done a great deal of work with it. Our purpose is to provide that little bit of extra information that our own expertise can contribute."

In fulfilling some requests the Reference Librarian's services become more complex and often make use of the Scott Library's sophisticated automated search technologies. Through the MEDLINE and Ohio State computer tie-ins, title, subject and author searches can be made of medical libraries throughout the country without leaving Walnut Street. Any materials in these collections may be borrowed under TJU's auspices. Working through the College of Physicians of Philadelphia the same services are available for the National Library of Medicine. Jefferson is also the only Philadelphia medical school on the OCLC terminal, which provides locator information for books and jour-

nals as well as cataloguing information and cards. There is daily delivery service for borrowing resources within Philadelphia and exchanges with Pittsburgh medical schools and Penn State occur three times a week. All inter-loan and photocopy services among the Jefferson affiliates are free, and a good working relationship facilitates information flow. Services like these make it possible for Miss Mackov to say, "If we don't have it in our collection we can get it, either on loan or as a photocopy, within a reasonable amount of time."

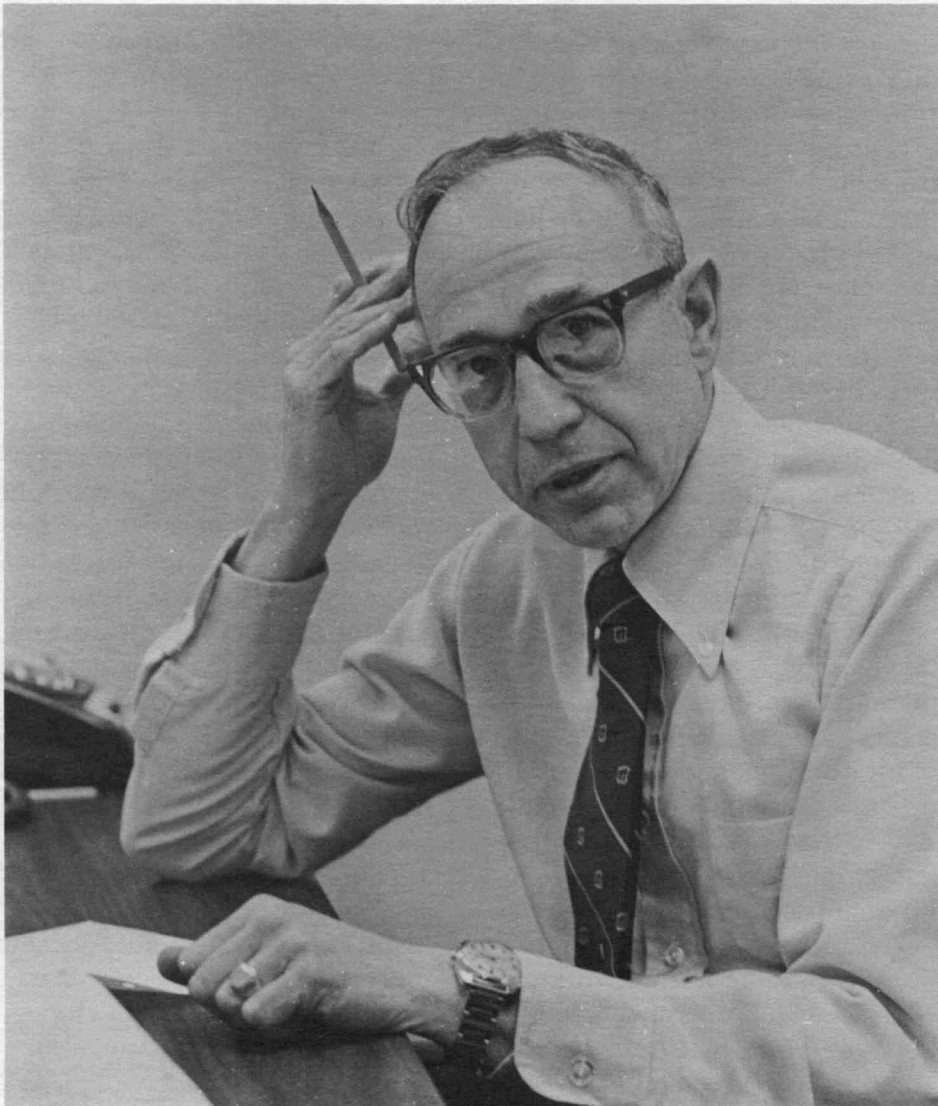
There is much more than technology to Alice Mackov's job, however, which she compares to detective work. People, for instance, are often her best source of information, and she has built up a list of reliable contacts both within the University and without on whom she can rely. She says her own personal knowledge of resources only began with her library training. Actual working experience has of course added to her stored information, and "reading anything and everything is important. You never know when some fact you've read will provide a key." Every research librarian, Miss Mackov says, has his or her own idiosyncratic methods to remember and pigeonhole information in a job that necessitates working on many things at once and picking up different tasks at different stages of completion. She admits to teasing about her own pet memory aid, the vertical file.

Librarians throughout the area know "Alice at Jeff" as a valuable resource person, and those at Jefferson have no less appreciation. Professor of Pediatrics Arturo Hervada, who uses her services very frequently, says that she saves him an average of

two days of work per request. "The more absurd my need," he notes, "the more interested Alice is. For example, she once helped me find a very rare disease to fit a very unusual symptom: one of my patient's hands would periodically turn purple. The search was very complicated, and required finding a translation I could read of a Polish article. But she found it for me, and in fact we have had only one failure, something so obscure I don't even remember what it was." It is not only her success rate that impresses those who receive her help. As Dr. Hervada explains, "It is the zest of her. In a profession known for reserve, she never just gives out information. She will always call back with an enthusiastic 'Guess what I found' that makes dealing with her a pleasure."

Alice Mackov describes herself as a "people crafter" and while her responsibilities and daily commute from Trenton leave little so-called free time she enjoys food, gardening and various needle work as well. She has enough energy to do her weekly food shopping at the Reading Terminal *before* coming to work, and her double-size library locker often overflows with the fruits of her many interests.

Although a library is ordinarily associated with the academic side of an educational institution, Alice Mackov points out that a medical reference librarian can make a real contribution to patient care as well. "Everyone we serve," she adds, "is under some kind of stress, from student to physician and indirectly to patient. It is not a question of our doing someone else's work for him. Providing the most service we can is our job, and if we can relieve a little of the stress thereby, then we're doing it well."



Practicing The Art And Science Of Health Planning

**Stephen B. Langfeld, M.D.
Director, Office For Planning Health Care**

In 1973 various interests at Thomas Jefferson University approached the Robert Wood Johnson Foundation seeking financial support for their project ideas. Among them, the Medical College hoped to obtain funding for a plan offering incentives to students interested in practicing family medicine in underserved areas. Another group requested a grant for its plan to coordinate the various providers of health care in South Philadelphia, and the College of Allied Health Sciences also had a project involving allied health professionals and the health care team concept. The Foundation suggested to the University that it would be more efficient to fund one office for the study of health needs in underserved areas, an aspect common to most of the individual projects proposed. Jefferson agreed, the grant proposal was written, and in September, 1973 the Office for Planning Health Care in Underserved Areas was formed.

Associate Director for Program Development and Operations of the Greater Delaware Valley Regional Medical Program Dr. Stephen B. Langfeld was chosen to direct the new unit. A Board certified internist with a subspecialty in cardiovascular disease, he had been head of Pennsylvania Hospital's Cardiac Catheterization lab and a member of the faculty at the University of Pennsylvania School of Medicine, his alma mater. He became interested in health planning in the late 1960s and subsequently joined the Regional Medical Program staff as Associate Chief of the University of Pennsylvania unit.

In order to insure a commonality of goals with Jefferson

and to provide input into the planning process, the Office began to meet periodically with the Senior officers and with its own initial Advisory Committee drawn from appropriate Jefferson departments. Through interaction with these and other groups, Dr. Langfeld notes, the focus of the Office has evolved in response to changing needs and developing perceptions of its optimal role.

One of the primary activities of the first year, for example, was a study of the geographic area served by Jefferson's affiliate Latrobe Area Hospital, which is considered to be medically underserved. National data on age and sex physician visit utilization rates were adjusted for the area and used as an index of need for primary health services. These data were then compared with primary health care services to determine what needs were not being met. The study also involved the concept of the primary health care team, suggesting alternative combinations of health professionals as a possible means of satisfying the service deficits. This specific area study was complemented by the design of a more general plan, whose objectives included developing new concepts, data and methodology for health planning and ways to apply them to planning education and health service programs at Jefferson or in underserved areas.

As these studies progressed, however, University interest in TJU's own health planning needs became increasingly articulated. The potential effectiveness of applying the Office's techniques and ideas at Jefferson, which itself has an underserved urban area (South

Philadelphia) as a constituency, was recognized, and a more University-oriented focus has developed in consequence.

Dr. Langfeld feels that among the wide variety of project ideas conceived, the work the Office has done in connection with restructuring Emergency Department services and in ambulatory care at Jefferson have been their greatest contributions. The Emergency Department, for instance, which expressed interest in dividing its services into emergency and episodic care units, provided a good vehicle for continuing many of the Office's established objectives. Offering a clinical education experience with interdisciplinary team functioning, an episodic care unit can also be expected to improve the follow-up and continuity of care for the urban medical underserved, many of whom are forced to use an emergency room for routine medical care.

Much of this same population used the Curtis Clinic services, thus the ambulatory care project was also aimed at the medically underserved. Although the decision to phase out the clinics and offer only private physician care in the Health Sciences Center was made before the Office was formed, it is now acting as an in-house consultant on planning for health services, education and research in the ambulatory setting.

"It is never easy," Dr. Langfeld notes, "to find support for projects that impinge on the established territory and responsibility of various interests. Our effectiveness in the emergency and ambulatory areas reflects the interest and cooperation of those involved."

It is a very flexible staff that

can move so successfully between esoteric efforts like selecting and modifying a system of disease classification for encoding health care problems and the nuts and bolts of allocating space in the new hospital. Characteristic of Dr. Langfeld, he is not overly concerned with traditional roles or purely formal requirements. Because he also feels that the problems of health planning need to be approached from many perspectives he has assembled an eclectic staff who contribute different tools from their different disciplines. The group includes a Ed.D. in educational administration and former Executive Director of a mental health center, an engineer and systems analyst, a recent M.A. graduate in health care administration/economics, and a Ph.D. in social anthropology. Dr. Langfeld believes in a team approach, and most of the staff is involved on all projects. "We work well as a team," he explains. "We have a basic agreement about philosophy and goals and have developed what we feel is a systematic approach to planning."

Dr. Langfeld himself, a Phi Beta Kappa at the University of North Carolina and AOA at Penn, is an understated, soft-spoken man whom colleagues describe as cerebral, committed, non-vindictive and hard-working. The physician has been active in the Pennsylvania Affiliate of the American Heart Association for many years, last year serving as Vice-President. He speaks of quiet pleasures like walking, reading, gardening, and fresh water vacations in Maine with his wife, teenage son, daughter and dog.

Dr. Langfeld's Health Planning Office is not only new to Jef-

person, it is rather a rare entity for medical centers in general, where planning is certainly done but tends to be fragmented and response-oriented. After three and a half years of interaction, however, TJU's health planning staff is becoming known for its services throughout the University. Projects are now generated through senior officer and other group requests, and Dr. Langfeld himself has become a member of the Admissions Committee, the Program Planning Committee for the new hospital, and the Board of Trustees of the Jefferson Family Health Group.

It is clear that in a potentially difficult political arena, Dr. Langfeld's personality and approach have been a real advantage. As one administrator pointed out, "He always keeps the focus on the objective rather than letting discussions deteriorate into egos and emotions. He has gotten respect as a physician and has managed to neutralize many of the problems another personality might have escalated."

And if funding for the many projects Dr. Langfeld and his innovative staff conceive themselves is not always as ready as intellectual interest, the University is at present committed to supporting the Office, which also has plans to seek supplemental grant funds. The need for systematic health planning can only increase and several projects, in addition to continuing the ambulatory care study, are envisioned in the Office's future. Planning for use of the old buildings once the new hospital is completed is an obvious need, and interest has also been expressed in a matter that is becoming a national concern: developing greater institutional responsibility for programs in post-graduate education.

Bringing The Financial Perspective To Policy Decisions

Thomas R. Murray
Director of Business Administration, JMC

By his own account, Thomas R. Murray is into everybody's pocketbook. As Director of Business Administration for the Medical College he prepares and administers the \$28 million Medical School operating budget and approves all JMC expenditures. Through what he calls "the vehicle of finance," he thus becomes involved literally in all aspects of the medical school's programs in education, research and patient services.

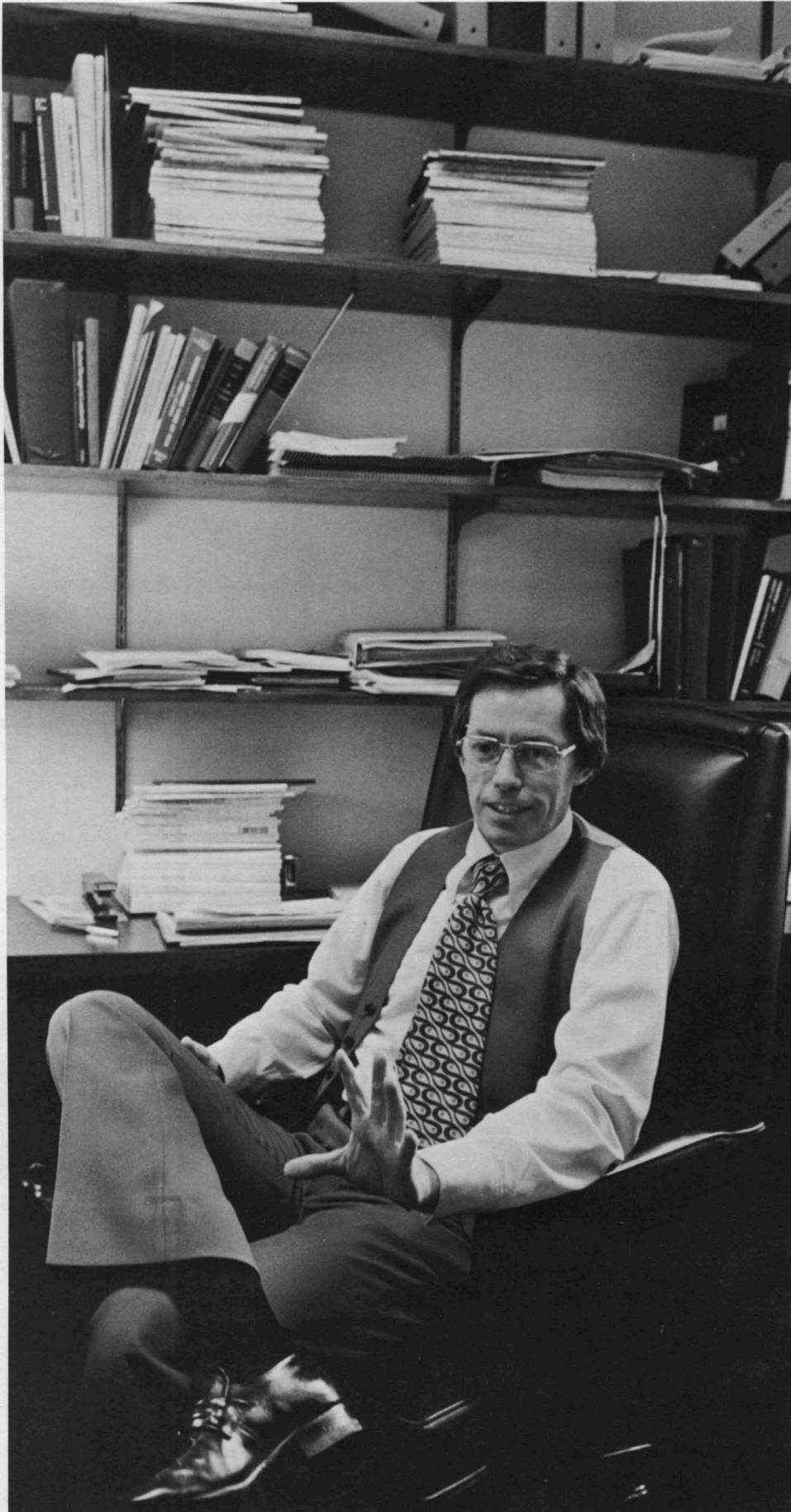
His day-to-day routine includes financial and administrative overview of the College's basic budget and the sponsored programs awarded to members of the faculty for specific training, research and service projects. This latter responsibility alone involves him with at least 50% of the faculty. Murray is a grant writer, a consultant to faculty who are filing grants, and a negotiator with Federal, state, and other agencies who award funds for the College's programs; he deals as well with audit complications, regulations and related administrative matters that accompany such awards.

Within the University, he is a member of Medical College Dean William F. Kellow's staff and as such serves as a resource person to TJU offices, faculty standing committees, special Board of Trustee

committees and task forces. He functions as a liaison between the Medical College and the Service Departments of the University: Accounting, Personnel, Purchasing, Computers, Physical Plant, etc. If, for instance, the Personnel Department is reviewing benefits or compensation, such review would include discussion and evaluation with Murray, as would plans for filing the Federal indirect cost negotiation agreements that are prepared by the Accounting Department.

In addition to playing a major role in the organization and administration of a medical practice plan for the full-time faculty, Murray was also intimately involved in recent decisions to reorganize ambulatory care at Jefferson. "In essence," Murray says, "I help translate the technical financial function of the University Corporation to the functions of medical education, research, and patient care."

Murray's involvement in policy decisions puts him in the traditionally awkward position of a non-professional administrator who does not want to exceed his capacities. Because all policy decisions have financial ramifications, however, he provides support to the College's faculty and staff, who lack technical, financial expertise. In a cost-bene-



fit analysis he can collect information, perform research, and put price tags on alternative approaches. Once he has determined the costs, those skilled in education and health care can select the approach that appears best in terms of professional as well as economic benefit.

In addition to his "routine" responsibilities, Murray also regularly undertakes what he refers to as special projects. He is now Treasurer, for example, of Jefferson Family Health Care, Inc., a South Philadelphia comprehensive care program that is tied to an experimental, prepaid capitation network system. Murray describes it as a satellite patient care facility, which he and the Program's Physician-Director brought from an idea to a functioning reality. Murray has represented Jefferson in negotiations with city and state mental health officials to develop guidelines for reimbursing the direct and indirect costs of community mental health centers. He has been involved in a melange of activities that must be addressed by a medical education enterprise. These have included a mechanism for capturing third party payments for patient services rendered simultaneously with the educational process: student financial aid, computer based systems, facilities and resources management.

These various kinds of responsibilities are not new for Tom Murray, who has spent his entire working life in medical school business administration. While working his way through the evening divisions, first at Temple and then graduating from St. Joseph's College, he was a Purchasing Trainee at Hahnemann Medical College. He proceeded through various positions of in-

creasing responsibility, and became the Administrative Assistant to the Dean. He joined the Jefferson staff in 1967 as Assistant to the Vice-President and Treasurer. He assumed his current post in 1968.

While Murray's degree is a B.S. in Business Administration, he also took a second major in philosophy. Such an emphasis seems unusual for an administrator, and in fact, was achieved because 32 hours of philosophy was, at that time, a graduation requirement at St. Joseph's. As a student who was also working full-time, he often had understandable occasion to question the requirement's validity; however, almost 20 years of working experience has altered his original perspective, and today, he is quick to emphasize the value of a broader education. "In this position, I have to work with many personalities and am subject to many different extremes. It is important to be able to take criticism well, to learn from mistakes and to be flexible. Love is not one of the things that you expect in this job. You are frequently the person that speaks for the 'system,' the 'yes' or 'no' person. When you are in this role, you are obviously visible, touchable and sometimes, the bearer of disappointing decisions. I truly believe that my formal education has been a force in my ability to avoid, or minimize, personal conflicts while dealing with matters heavily loaded with potential for conflict between the interests of the 'system' and individual program interests."

Murray also feels that a degree, and specialization in a function, such as finance, or accounting, is only the first step in the training necessary for effective administration in medical education or

health care. "The medical education industry," he notes, "is as unique and complex as any industry or branch of government. Actual experience in the milieu is vital because most transactions are conducted with faculty, financial, or government professionals. It is reasonable to expect these professionals to be demanding and critical in their evaluation of fiscal or administrative policy. Their understanding and support cannot be obtained where documentation and intelligent reasoning are absent."

Even the most philosophic of men could not remain untouched by the frustrations of his position, and Murray admits that certain disappointments are built-in to his job. The most obvious is that, "There are not enough funds at the present time and there never will be enough to fund all the sound, beneficial projects our faculty and staff conceive. This frustrates me, and the policies that this reality requires in turn frustrate the faculty. Even more frustrating is the lack of confidence or enlightenment exhibited by the various government and awarding agencies that continue to apply an increasing number of restrictions, regulations, or 'strings' to their support. I, and the College, are certainly not opposed to the concept of accountability for the resources made available. What is painful is the fact that there is conflict, contradiction, and duplication in the 'strings' which can and do divert resources from College programs."

Dean Kellow, with whom Murray also worked at Hahne-mann, notes that Murray's talent has been recognized by institutions beyond Jefferson including the Group on Business Affairs of the Association of American Medical Colleges, in which he is very active. The Dean also re-

ports that while government rules may occasionally frustrate Murray, he has from time to time managed to return the compliment. "Tom Murray has a keen knowledge," says Dr. Kellow, "about the regulations of the various auditing agencies with which we must deal. Federal, state and city auditors have sometimes been disquieted by his ability to use their own regulations for the benefit of Jefferson; on occasion they have even asked *his* advice about problems related to their rules."

It is clear from talking to Tom Murray, that the rewards of his position more than offset the exasperations. Despite inescapable conflicts, he has personal friendships with many members of the faculty and administration. And while there are undoubtedly lingering grudges for moneys denied, the phrase "bright, astute young man," was repeated so often in various segments of the University it began to sound like a predetermined caption. Socially, he is Vice-President of the Jefferson Faculty Club and enjoys this aspect of University life. Though demanding, his job also does not preclude time with his three children, lots of tennis with his wife, or civic activities in Mount Laurel, New Jersey where they make their home.

The reason he has made his career in medical school administration, however, is, once again, more philosophical. "Most of the people I work with at Jefferson are very bright, professional people with interests and talents that are both a challenge and a pleasure to work with. Even with all the restrictions, these people still make it work. It is an environment in which, however corny it sounds, people actually do good."

About The Author:

Joy
Roff
Mara



Joy Roff Mara's by-line has been seen quarterly in Jefferson's Alumni Bulletin for the past five years. Her series in this issue will be one of her last. Mrs. Mara has tendered her resignation effective early July.

During her association with Jefferson she has earned the respect of both her colleagues and the professional staff within the University for her incisive interviewing skills executed with a quietness that astonishes her subjects. Her ability to translate these facts into intelligent readable copy has done much to elevate the Bulletin to its present position.

In reviewing Bulletins during her tenure the range of her knowledge and abilities becomes evident. Her first assignment was to report on the devastation resulting from Hurricane Agnes in the Wilkes-Barre area. She met her first Jefferson alumni during her two day stay there and com-

mented "it was a fine first experience. I would recommend such a field trip for my successor. My reception could not have been warmer or more amicable."

One of the Bulletin's innovations over the past few years is the successful use of theme issues. "These articles seem to me the most successful. They tell their own story," she comments. Particularly notable were the issues Women in Medicine, Sports and Sports Medicine and the more recent Research and Jefferson.

"College publications have become more sophisticated in recent years," Mrs. Mara notes, "and I think Jefferson has followed the trend. Emphasis on the historic or sentimental portraits of alumni and faculty seem to be of the past. For example, I think the class note specials reflect a more accurate and interesting reporting of alumni accomplishments and activities."

Other articles for which she re-

ceived particular praise were the Henry Mitchell piece on the Winged Ox (Summer 1976), the 25th reunion story for the class of 1950 (Summer 1975) and the fraternity article in the Spring of 1973.

On announcing her resignation she said "Five years... it's time to move on to something else, new areas. I would like to have time to myself, to do the things that full time employment has curtailed such as trying my hand at fiction and learning photography. And naturally I will enjoy having more time with Erin." Erin was born to Joy and her husband, Gerry, during her second year at Jefferson.

Her outside interests are many but certainly her skill in the kitchen must head her list of accomplishments. Her knowledge of good cuisine was made known to Jefferson's alumni when she reviewed ten of Philadelphia's finest restaurants for the Spring 1976 Bulletin. Her tales of complicated dishes and intricate sauces repeatedly have tantalized the alumni office staff. She also is a Francophile, reading and speaking French fluently. Although the Maras have not had an opportunity to view the country first hand this hopefully is in their future.

Washington remains her favorite city, an attachment made during her undergraduate days at American University. Later Mrs. Mara earned her Master's degree in English at the University of Pennsylvania.

Asked what experience will remain after five years at Jefferson Mrs. Mara concludes "Academically my orientation is political science and literature. However, I find now that I have a very real interest in the sciences."

It has been a pleasure to have Mrs. Mara on the JAB staff. N.S.G.

the jefferson scene

alumni president

The new President of the Alumni Association, Gonzalo E. Aponte '52, believes that an alumni body has a number of important functions beyond the fund-raising that so many identify as its *raison d'être*. Alumni, first, are an advertisement for the school, adding to Jefferson's reputation by practicing good medicine. They can also, in these days of medical education's dependence on and accountability to government, make medicine's problems and needs known to influential people. Alumni away from the institution are also important to a school for the broader perspective they can offer. At Jefferson, alumni are contacted by search committees to suggest candidates for department chairmanships. The University can also profit from alumni advisors like the Alumni Trustees and the Association's Executive Committee, who are, for instance, currently meeting with candidates in Jefferson's presidential search and will have input into the selection process.

As President of the Association, Dr. Aponte says he is anxious to talk with as many alumni as he can, to hear their viewpoints and bring them a realistic assessment of Jefferson's needs. "We have such beautiful new buildings and are expanding so visibly it is easy to get the impression that we have no problems. This, of course, is not so. We need alumni support in many ways." He also sees the President as a natural liaison between the faculty and administration of the Medical College and the alumni both within and without. In another direction, whose popularity seems guaranteed, Dr. Aponte has determined to make the monthly Executive Committee meetings more interesting. By eliminating the more tedious, repetitious aspects of the agenda, he plans to make time for guest speakers on topics of alumni concern.

The physician, who has been Professor and Chairman of the Pathology Department and Clinical Laboratories and Attending Pathologist since 1967, has spent nearly all of his years in medicine at Jefferson. His career has been distin-

guished since his student days when he graduated number two in his class having won awards in biochemistry, medicine, surgery, obstetrics, gynecology and otorhinolaryngology, as well as the Appleton Century Crofts Prize for highest junior year cumulative average and the William Potter Memorial Prize for highest cumulative average in the clinical years. He took his internship and residency in anatomical and clinical pathology at JMC during which time he won awards from the Jefferson Society of Clinical Investigation and the Philadelphia Obstetrical Society, and first joined the faculty as an Instructor in Pathology in 1956. After serving as pathologist in the U.S. Naval Hospital of Guam he spent several years at the Brookhaven National Institute in Long Island; he has published many scientific papers, particularly concerning radiation-induced tumors and renal pathophysiology. A Markle Scholar in Medical Science from 1960 to 1965, he directed Jefferson's Oncologic Teaching and Cancer Training Program for several years. He is Board-certified in anatomical and clinical pathology.

Unlike many Department Chairmen, Dr. Aponte has an active teaching schedule and most enjoys this aspect of his medical career; Jefferson's appreciation of good teaching, in fact, is one of the reasons he has chosen to remain here for close to 25 years. He teaches freshman and sophomore students what he calls a "crash course" in pathology. Despite having a total of only 13 weeks to acquaint students with his subject he emphasizes that he will not cut the course down to the ABCs of pathology. "It is boring, and it is no legacy to give a student. He can find the rudiments in any book."

Dr. Aponte believes in using as many parameters as possible in his teaching, including lectures, slides and examinations. He would prefer to include research papers, guest speakers and seminars in his courses, and in fact did so before the curriculum was accelerated. "Most medical schools devote more time in their curricula to pathology than we do at Jefferson, but I believe eventually the present arrangement will be moderated." Dr.



Association President Gonzalo Aponte: We need alumni support in many ways.

Aponte's approach to teaching has evidently been well-received. In 1962 he received the Christian R. and Mary F. Lindback Award for Distinguished Teaching. Both Phi Chi and Phi Alpha Sigma have honored him with teaching awards and in 1971 his portrait was presented to Jefferson by the senior class. He has been selected by the students to administer the Oath of Hippo-

crates at graduation every year within recent memory, and the sophomore students many times chose him as their Parents' Day speaker. He notes that the most rewarding aspect of his tenure as Chairman has been the increased student interest engendered in pathology.

A member of numerous professional organizations, including the Association of Clinical Scientists which named him

Clinical Scientist of the Year in 1967, the College of American Pathologists, the American Society of Clinical Pathologists, the Philadelphia College of Physicians (in which he was Chairman of the Mutter Museum Committee) and the American Societies of Cytology and Nephrology, Dr. Aponte has also been active on many committees at Jefferson. He has had service on four department

chairman search committees including the current Gross Professor search. Faculty advisor to the scholastic honorary society Alpha Omega Alpha and a member of its national Board of Trustees, he is also Grand Swipe and advisor to Jefferson's honorary social fraternity Kappa Beta Phi. Since 1968 he has also served as Chairman of the Alumni Publications Committee for JAB. For several years he has been a member of the Educational Council of Foreign Medical Graduates.

At his induction to the Presidency at the Association's Annual Business Meeting, Dr. Aponte spoke of his love for Jefferson in a very straightforward and believable way. It is important, he said, that the alumni continue to know that despite changes Jefferson maintains the same principles of excellence it has traditionally held and that it remains, in his words, a top school.

* * *

The Annual Business Meeting of the Association at which Dr. Aponte took office was held this year on February 24 at the Historical Society of Pennsylvania, 13th and Locust Streets in Philadelphia. Nearly 150 reservations were received for the Thursday night alumni dinner.

Other officers of the Association elected for the coming year are: President-Elect, Dr. John N. Lindquist '43; Vice-Presidents, Dr. J. Woodrow Savacool '38, Dr. Peter A. Theodos '35, Dr. Thomas B. Mervine '40 and Dr. Leon A. Peris '55; Treasurer, Dr. Samuel S. Conly, Jr. '54; and Secretary, Dr. Norman J. Quinn, Jr. '48.

Elected to honorary membership in Jefferson's Alumni Association that night were Dr. Jules H. Bogaev, Acting Chairman of the Department of Urology; Dr. Jack Edeiken, Chairman of the Department of Radiology; Dr. Kalmon K. Faber, Clinical Assistant Professor of Pediatrics; Dr. Armondo F. Goracci, Clinical Assistant Professor of Surgery; Dr. Willard A. Krehl, Chairman of the Department of Preventive Medicine; Dr. Henry C. Stofman, Clinical Assistant Professor of Surgery; and Dr. Arthur J. Weiss, Assistant Professor of Medicine.



Top: Dr. John Y. Templeton III '41 (right), presiding officer at the February 24 dinner meeting greets Dr. Ralph A. Carabasi '46. Middle: Dr. William H. Baltzell '46 (left) with Dr. James W. Fox IV '70. Bottom from left: Dr. Frank J. Sweeney '51, Dr. John C. Maerz '51, Dr. Robert Poole III '53, Dr. Daniel T. Erhard '51 and Dr. Norman J. Quinn '48.



Left: Dr. J. Woodrow Savacool '38, left, with Dr. Harry M. Swartz '56. Below from left: Interim President George M. Norwood, Secretary of the Board of Trustees A. Grant Sprecher and Life Trustee William Potter Wear.



Below left: Dr. Frank D. Gray, Jr., Magee Professor of Medicine, right, with Dr. James B. Carty, Jr. '70. Below right: Dr. Thomas B. Mervine '40, left, and Dr. Edward H. Vick '41.



new mcats

About 41,000 students are expected to apply for the nearly 16,000 medical school slots available in September, 1978. Most of these applicants, including all students applying to Jefferson, will comprise the first group to take the revised, day-long, Medical College Admission Test this April 30 and May 1.

The "New MCAT" as it is officially known, is expected to be more difficult and a more effective indicator of ability to practice medicine. It will differ substantially from the old exam in attempting to measure a student's ability to solve the kinds of problems a practicing physician might encounter. Rather than simply measuring knowledge, the exam will exact an application of facts in a way the old test did not. "The old MCAT," says Dr. James Erdmann, Director of the AAMC's Division of Educational Measurement and Research, "was generally thought to test a student's academic ability to handle the first two years of medical school. The new test, with its emphasis on skills and problem solving, will provide more information that will potentially have a relation to performance in clinical situations."

The science sub-test is an example of this problem-solving format. Previously a one-hour, 86 question test, the science section will now contain 217 items and last three hours. Seventy-two of the science questions will be based on charts, graphs and other data to test applicants' ability to synthesize and apply their knowledge. Verbal and quantitative sections, both of which have been expanded from 45 to 90 minutes, will also utilize this approach.

The scoring for the exam has been changed as well. The new MCAT replaces the 200 to 800 scale with a 15-point scale. On the present scale, the reasoning goes, there is an implication that a score of 615 is significantly better than 605, which is not so. With the new test separate scores will also be computed for each separate science area: biology, chemistry and physics. On the old test a student could score very well on the overall science section just by rating high on one of its sections. AAMC President John Cooper em-

phasized, however, that the test is not designed to weed out weaker candidates from an ever-growing applicant pool. But because fine distinctions will be less easily made on the new test scale, medical schools may have to rely more on the non-cognitive aspects of the candidate's background.

The New MCAT has also dropped the unpopular general information sub-test, which had been widely criticized for its alleged bias in favor of the urban, male, W.A.S.P. This section was supposed to help schools assess an applicant's personality and other so-called human dimensions. To help fulfill this function of the general information test the AAMC is developing other written formats such as formal tests, interview questions and biographical inventories to be available for the discretionary use of medical schools.

Dr. Joseph S. Gonnella, Associate Dean and Director of Academic Programs at Jefferson, was a member of the AAMC Committee on Admissions Assessment, which participated in the MCAT revisions.

campaign success

With the assist of several sizeable bequests, including \$500,000 from the estate of the grandson of Dr. Nathan Branson Hill, class of 1849, the alumni phase of Jefferson's Sesquicentennial Campaign reached its four million dollar goal. In addition, the total University goal of \$15 million for Phase I of the Campaign was reached and passed by three-quarters of a million dollars. The Campaign, which was scheduled to fall during Jefferson's 150th anniversary, was planned to provide improved medical facilities and services to meet the challenge of the 21st century.

Chairman of the Board William Bodine stresses that Campaign objectives fall into four key areas: to educate physicians, to educate paramedical personnel, to produce teachers and investigators in the basic medical sciences and to provide outstanding patient care and health services for the citizens of the community and of the Commonwealth.

Phase II, now underway, will finance various innovative educational programs, distinguished professorships, fellowships and loans and scholarships at the University.

Serving as Chairman of the Alumni Phase of the campaign, which involved hundreds of alumni across the country, was Dr. Joe Henry Coley '34, of Oklahoma City. Overall Chairman for Phase I was Mr. Edward J. Dwyer, Chairman of the Board of ESB, Inc. Funds for the Sesqui Campaign were raised from the entire Jefferson family including all University alumni, foundations, corporations and other friends of the Institution.

indiana affiliation

In an effort to improve the distribution of physicians in Pennsylvania, TJU and Indiana University of Pennsylvania have joined in a cooperative agreement, the Family Medicine Physician Education Program. Under the agreement, Indiana will admit students to a four-year, pre-medical program culminating in a B.S. degree. Jefferson will reserve spaces in its freshman class for Indiana graduates who make a commitment to practice family medicine in an underserved rural area after graduation. A subcommittee appointed by the Chairman of Jefferson's Admissions Committee and made up of three Jefferson and three Indiana faculty members will recommend up to 12 highly qualified Indiana students for admission to the medical school. These 12 will be added to the 12 spaces currently reserved for students throughout the state who make such a commitment under the Physician Shortage Area Program.

Indiana University is a state-owned school, offering other health related programs in nursing, respiratory therapy and medical technology. Both Universities hope the agreement will facilitate cooperative ventures among the two faculties to strengthen the scientific and social science aspects of Indiana's pre-med curriculum. They also expect that the affiliation will expand the opportunities for continuing education for physicians and other health personnel in Pennsylvania.

The agreement, formalized on January 5, 1977, will remain in effect through June 30, 1984, and will be renewed on a year to year basis thereafter.

search continues

Since Chairman Frederick Ballard reported to alumni in the Bulletin last Fall, the Search Committee for President has screened over 200 suggestions received for President, many from alumni. A selected group of possible candidates was interviewed by the Search Committee during the period November, 1976 through January, 1977.

After further refinement of the list, a smaller group of highly qualified individuals visited the campus during February and March. At that time they met with faculty and students from all divisions of the University. Officers of the Jefferson Medical College Alumni Association and other key alumni met each candidate at a reception.

Members of the Search Committee report they are encouraged by the outstanding qualifications of individuals being considered. By May 1 they expect to submit the names of three qualified candidates to the Board of Trustees for final selection. Jefferson alumni serving on the Search Committee are Drs. John Y. Templeton, III, '41 immediate past President of the Alumni Association; John J. Gartland, '544 past President of the Alumni Association and James H. Lee, Jr., '45 a member of the Executive Committee of the Alumni Association.

rx for exercise

In the opinion of two researchers in Jefferson's Department of Rehabilitation Medicine, the high school football coach who thinks he's the reincarnation of Vince Lombardi may be damaging more than the psyches of the would-be athletes in his charge. Professor of Rehabilitation Gerald J. Herbison and Research Associate Mazher Jaweed have been studying the effects of exercise on muscle tissue, and one of their conclusions is that healthy muscle can actually

be injured by too much exercise of the unremitting, driven-to-exhaustion variety. "The muscle aches you feel when you overdo," says Dr. Herbison, "may be the result of inflammation produced by damaged muscle fiber."

And while it has been traditionally assumed that a training program which gradually increases exercise time and difficulty will prevent muscle damage, Dr. Herbison notes that the contention has not been proven scientifically. "We're interested in determining if, for instance, a tennis player is any less prone to muscle injury from over-exertion at the end of the season than he is at the beginning. Is training valuable and what specific program of training is most valuable?"

Their exercise studies actually encompass two areas, healthy tissue and the process of reinnervation after a nerve has been sutured surgically or otherwise injured. Dr. Jaweed's primary interest is the healthy muscle, into which category the above studies fall. In this connection, he and Dr. Herbison have also determined that the two different kinds of exercise, strengthening (like weight-lifting or isometrics) and endurance (jogging), can sometimes produce similar results. "Our animal studies have shown that strengthening exercises, if done repetitively, can produce the same results as endurance. We've also found that an exercise program produces changes in the muscle properties. Everyone knows that weight-lifting makes a muscle bigger or that an athlete's heart function improves because of regular exercise. The changes in skeletal muscle may be less obvious, but their physiologic changes are measurable."

Their studies concerning exercise and the reinnervation process have also produced some surprising results. They have shown that too much exercise prescribed too soon may impede the healing process, and as a corollary, that delaying an exercise program until the muscle is stronger will enhance reinnervation.

It is still unclear if precipitous exercise is damaging the muscle itself, preventing the nerve from growing back to the muscle, or actually tearing the small nerves that are reattaching themselves to the muscle (redenervation). There is the

additional problem that physicians cannot now prescribe an exercise program with the same precision they can prescribe drugs. "We want to find out," says Dr. Herbison whose special interest is in this aspect of the project, "what part of the nervous system is being affected by the exercise program and what program will produce the best response."

The research project has been funded for six years through Easter Seals, NIH and Jefferson moneys. Dr. Herbison, who is also Director of Research for his Department, says that they have recently submitted a grant proposal to expand a study of the physiologic properties of muscle, specifically evaluating the contractile properties of human thumb muscle. They are also interested in working to determine whether exercise can change muscle genetics or the character of muscle contractions.

rehab center

Children's Heart Hospital, a Jefferson affiliate which shares the same Board of Trustees and corporate officers, has leased 2.45 acres under a 99-year agreement for a new, one million dollar rehabilitation center. The Easter Seal Society for Crippled Children and Adults in the five county area will run the City Line Avenue facility, expected to be completed by the end of 1977.

The center will offer long-term ambulatory care to approximately 1500 children and adults who need intensive physical, speech, occupational or group therapy. It will also house clinics, day camps, stroke club meetings, and a preschool program for handicapped children as well as professional and educational activities. TJU's Vice-President for Health Services Dr. Frank J. Sweeney called the move "the beginning of a significant cooperative venture," in which Children's Heart will share medical staffs, professional services, laboratory facilities, therapy programs and other services with the as yet unnamed rehab center.

The facility will replace the Easter Seal Fuhrman Clinic School, a West Philadelphia structure that was destroyed by fire in 1974. Currently ser-

VICES are provided at a synagogue rented for that purpose. Insurance from the fire, along with private and corporate donations will fund the center.

Children's Heart Hospital is a 50-year-old facility which specializes in treating juvenile asthma, as well as heart and congenital defects, obesity and long-term orthopaedic cases.

ultrasound

"Is she from *Newsweek*?" asked one of the Fellows in Jefferson's new Division of Diagnostic Ultrasound. "No," smiled Division Director Barry B. Goldberg, "that comes later."

From all indications there will be a great deal to "come later" for the unit, which opened February first and is still contending with rented furniture and workmen completing renovation of its 5th floor, Curtis Building quarters. When the remodeling is finished, the area will house 15 pieces of ultrasound equipment, including computerized models, some of which will be the only machines of their kind in the United States. Prior to the opening of the new unit Jefferson had some basic ultrasound facilities, but the Division now is one of the largest in the country.

Ultrasound is a relatively new diagnostic technology, which is non-invasive and non-irradiating. Developed as a spin-off of sonar technology after World War II, it is particularly valuable in areas like obstetrics where avoiding exposure to X-rays is important. Ultrasound can detect masses in the ovaries, uterus, kidneys, liver and other organs as well as indicate stones in the gallbladder, abnormalities in the heart, eye and brain. It can complement X-ray examinations in many cases by providing additional information or in other instances can by itself allow definitive diagnosis. Compared to computerized X-ray equipment, ultrasound machines are significantly less expensive.

The Division of Ultrasound at Jefferson has an educational, as well as a patient care, role. As the recipient of the only federally-funded grant in ultrasound education (a two-year, \$780,000 grant from the Veterans Ad-

ministration and the National Science Foundation), the Division offers several kinds of programs for various audiences. For technologists there is a one-year program offered to groups of six who have had previous paramedical experience. Two one-year Fellowships are provided to physicians-in-training with appropriate backgrounds. Preceptorship courses ranging in length from one week to several months are attended by practicing physicians, usually radiologists, who want an introduction to ultrasound or more advanced work in cross-sectional anatomy, cardiac, or abdominal diagnostic work. The newest programs are college-modelled and last three and four months. Physicians study physics related to ultrasound, anatomy, clinical medicine and clinical ultrasound through lectures, laboratories and even examinations. Twelve students per course are accommodated, and they come from all over the world.

Most of these programs have been in operation for four years at Temple University and Episcopal Hospital, where Dr. Goldberg was formerly Professor of Radiology and Director of the Section on Diagnostic Ultrasound respectively. Dr. Goldberg, a B.A. and M.D. graduate of the University of Pennsylvania, has been working in the specialty for 13 years and estimates that the majority of those involved in ultrasound in the Philadelphia area trained in his courses.

Dr. Goldberg and the Division are also interested in research, particularly in new techniques and applications of ultrasound. The Director has published 45 papers and three books on the topic and was a pioneer in using ultrasound to guide needles into the body with greater accuracy and safety in aspiration and biopsy. One of his current interests is the endoscopic uses of the technology, inserting sound probes into the esophagus and rectum to detect small tumors. The unit is also doing clinical evaluation of the octoson, an automated ultrasound machine from Australia. The first such instrument in this country, its novel design calls for patients to lie on what is essentially a waterbed while transducers move beneath their bodies automatically.

Dr. Goldberg, who holds the rank of

Professor of Radiology at Jefferson, is Vice-President of the American Institute of Ultrasound in Medicine and is Chairman of its Committee on Physician Education.

in brief

- Jefferson has received a \$500,000 grant from the Mabel Pew Myrin Trust to renovate three floors of the Curtis Clinic Building. The University plans to consolidate and improve teaching and research facilities for the Departments of Psychiatry and Human Behavior, Rehabilitation Medicine and for the Division of Pulmonary Diseases of the Department of Medicine.

The Myrin Trust was established in memory of Mabel Pew Myrin, a member of Jefferson's Women's Board for 32 years. Mrs. Myrin had had a particular interest in the Curtis Clinic.

- Kidder, Peabody and Company, the investment banking firm that bought \$160 million worth of bonds for the new Jefferson Hospital from the Philadelphia Hospital Authority, reports that the entire issue has been sold out. An \$81.6 million issue was sold for the same project in 1975; the second issue will refund the earlier bonds and provide four million in new revenue. The maximum interest on the new bonds is seven percent, a two and three-quarters percent savings on the original issue. Over the 30-year period, this will amount to a \$16 million savings for Jefferson.

- The annual Black and Blue Ball, sponsored by Jefferson's honorary social fraternity Kappa Beta Phi, will be held this year on May 7 in Jefferson Alumni Hall. A faculty member is traditionally selected as the Ball's honored guest; Honorary Professor of Surgery George A. Willauer '23 is the 1977 choice.

- Two hundred alumni, wives and friends left Philadelphia International Airport on April 15 for a two week tour of Italy and the Cote d'Azur. Landing in Nice the group spent three days touring the Riviera and then traveled by bus to northern Italy, Florence and Rome. An optional side trip to Taormina in Sicily was scheduled for many of the group.

class notes

1914

Dr. Charles L. Haines, Sr., 2714 N. Fair Oaks Ave., Altadena, Ca., is retiring from his general practice there.

1915

Dr. Warren S. Reese, 2118 Locust St., Philadelphia, was awarded honorary membership to the American Intraocular Implant Society at a meeting last October.

1921

Dr. Louis S. Morgan, 925 San Antonio Dr., Long Beach, Ca., is practicing medicine in his 55th year.

1923

Dr. Charles N. Gennaria, 116 W. Sunbury St., Shamokin, Pa., writes that after visiting over 100 countries including Timbuctu and Pitcairn's Island he is planning a fourth trip to Africa. He lives alone, takes care of his house and has twin sons, both podiatrists.

1925

Dr. Harry A. Brotman, 534 Prospect St., Maplewood, N.J., is semi-retired because of an acute myocardial infarction suffered in July, 1975. He writes that he is doing fairly well, however.

Dr. Harlan F. Haines, 231 Pine St., Seaford, De., writes that he and classmate **Dr. Roger Murray** were awarded handsomely mounted certificates in recognition of their 51 years of practice by the Delaware State Medical Society.

1927

Over 50% of the class now plans to attend activities at Jefferson June 8 and 9 reports Reunion Chairman **Dr. James E. Bowman**. Final plans: Mrs. John H. Gibbon, Jr., will serve as speaker for the class at the clinics Wednesday morning. While the Dean's luncheon is in progress at Jefferson Alumni Hall the ladies will have luncheon at the Hill Keith Physick House in Society Hill. Dinner that evening will be at the College of Physicians of Philadelphia, a luncheon Thursday is set at Alumni Hall and the Alumni Banquet will be held at the Hyatt House in Cherry Hill, New Jersey.

1929

Dr. Mario A. Castallo, 1621 Spruce St., Philadelphia, has recently published a book on his life and medical experiences entitled "A Carnation a Day: A Pro-Life Doctor's Story." Dr. Castallo was on the faculty at Jefferson from 1933 to 1971 and is now an Honorary Professor of Obstetrics and Gynecology.

Dr. Carl L. Minier, 15 S. Rd., R.D. #2, Mendham, N.J., is still working parttime but plans to retire on his 50th reunion.

1931

Dr. Raymond C. Davis, 103 Erie Ave., Susquehanna, Pa., was honored by the Susquehanna Order of Moose with its annual Most Outstanding Citizens Award. Dr. Davis has practiced in Susquehanna for 40 years and was active in civic affairs. He served three terms as President of the County Medical Society.

1932

Dr. August J. Podboy, 912 S. George St., York, Pa., is still practicing office ophthalmology and enjoying his patients and friends. "I am grateful for my good medical education at Jeff."

1933

Dr. Anthony J. Ruppertsberg, Jr., 332 E. State St., Columbus, Oh., is an Associate Professor of Obstetrics and Gynecology at Ohio State University. He is Secretary of the State Medical Board, a member of the new Mid-west Maternal Mortality Studies Committee, a project collaborating to collect data from eight states and the armed forces, and he is in the private practice of ob/gyn.

Dr. T. Ewing Thompson, Jr., 4 The Knob, Pittsburgh, has been appointed Medical Clinical Director of the Dixmont State Hospital in Sewickley after retiring from the practice of internal medicine. He serves as a Vice-President for the Jefferson Alumni Association in Western Pennsylvania.

1934

Dr. William F. Putnam, Lyme, N.H., plans to retire next summer, but is now practicing much as he has done in the past 40 years, a strenuous rural practice. "None of our six

class notes

children is a physician; we have one social worker, three teachers, one editor and one about to graduate from theological school."

1935

Dr. Samuel S. Burden, Benson Apts., Jenkintown, Pa., has been elected President of the Philadelphia Allergy Society.

1936

Dr. Gabriel E. DeCicco, 4501 Market St., Youngstown, Oh., is still busy with his practice. He writes that he and his wife enjoyed the 40th reunion last June. "**Dr. Brandmiller** '36 recently had surgery for hernia but is well and back in active practice." He also adds that Youngstown is starting a new medical school and needs a Family Practice Director in Youngstown Hospital. If anyone is interested, please contact him.

Dr. John L. Farmer, 1140 Columbia Ave., Lancaster, Pa., has been elected President of the Lancaster City and County Medical Society for 1977. He is a former chief of Surgery at Lancaster General Hospital and has a private practice in town.

1937

Dr. Hon C. Chang, 2718 Tantalus Dr., Honolulu, retired two years ago. He has enjoyed every minute of his retirement and never regrets the decision.

Dr. James T. Stephens, 374 Morgan St., Oberlin, Oh., retired last June from the Oberlin Clinic which he and his wife helped found. He is now in Chogoria, a small mission in Kenya, where they are doing volunteer work for a year.

Dr. Coe T. Swift, 21 Heritage Ct., Belmont, Ca., retired in May 1976. He has a son in pre-med at Santa Clara University.

Dr. Carl G. Whitbeck, Box 177, R.D. #2, Hudson, N.Y., writes that he is looking forward to the 40th reunion in June.

1939

Dr. Isadore Slovin, 710 W. Matson Run Pkwy., Wilmington, De., participated as a faculty lecturer for the second Medical Cruise Seminar. The cruise was on board the MTS Daphne, to Yucatan, Guatemala, Colombia and Montego Bay.

Samuel Dodek's Master's Thesis Made A Major Contribution To Modern Obstetrics



Dr. Dodek's portrait hangs in the Medical School Library at George Washington University.

In 1930, ob/gyn resident Samuel M. Dodek '27 didn't realize that what began as his postdoctoral degree project would become a major contribution to the field of obstetrics.

He developed the hystero-graph, and with it became the first physician in the western hemisphere to record uterine contractions during labor. His device was the forerunner of the sophisticated external monitoring equipment of today.

Dr. Dodek has received several honors for his original work in uterine physiology and with the hystero-graph. The most recent was a citation from the Board of Trustees of George Washington University, Washington, elevating him to the status of Professor Emeritus of Clinical Obstetrics and Gynecology and noting his leadership in "basic research upon which the modern day concepts of uterine physiology and monitoring have been built."

In an interview at his Washington office, Dr. Dodek said that during his residency and fellowship at Western Reserve University School of Medicine (now Case Western Reserve), Cleveland, he and his associates realized that there was no way to accurately evaluate uterine contractions during labor. It was not possible to monitor the effects of stimulants, sedatives, and anesthesia on contractions, or even to recognize the transition from the first to the second stage of labor.

The physician had to depend on clues from the patient's subjective reactions and on what was felt by placing the hand on the uterus, Dr. Dodek said.

In cooperation with a University instrument maker, he began developing a device that would enable him to record and study

uterine contractions and the effects various drugs had on them. The study would help meet research requirements for his postdoctoral degree, a Master of Arts in obstetrics.

The device was to be external, noninvasive, and insensitive to normal breathing, pulsations transmitted from the abdominal aorta, and ordinary movements of the patient.

It was to be light in weight, comfortable for the patient, and easily positioned.

The device he developed was based on the principle that the anteroposterior diameter of the uterus and the maternal abdomen increase during each uterine contraction and that the more severe the contractions, the greater the increase.

He called the device a hystero-graph, a synonym for the word toco-graph. It consisted of a plunger that responded to contractions by pushing against the soft rubber lid of an air container, causing compression of the air. The air was transmitted by a metal outlet tube to a sensitive rubber tambour supporting a writing pen.

The apparatus was positioned on the abdomen over the point of maximum contraction and bulging, usually the area of the umbilicus. It was supported by a tripod-like structure held in place by tape in the tripod eyelets and adhesive straps on the patient's loins.

By 1932, Dr. Dodek had completed nearly 50 individual studies with the hystero-graph. His thesis appeared that year in *Surgery, Gynecology and Obstetrics*.

He had recorded the contractions of the uterus during various stages of labor, as well as reactions of the uterus during labor and at term to 12 drugs.

Dr. Dodek said he found that patients "watched the recordings with interest," and

even prepared themselves for each pain when they saw the writing pen point begin to rise.

Although he realized the device offered a "more scientific method of observing the course of labor other than by palpation and inspection," Dr. Dodek said he did not realize in 1932 that the practice of measuring uterine contractions "would become such an integral part of the management of labor."

Nor did he foresee that modifications of his device would lead to such sophisticated uses as the monitoring of the oxytocin challenge test, or that it would help reduce perinatal mortality in combination with fetal monitoring equipment.

Despite publication of his thesis and a write-up describing the hystero-graph in *Time* magazine that same year, it was not until a decade later that other western hemisphere investigators interested in uterine physiology began to appreciate the value of the principles of his method, he said.

Dr. Dodek predicted that further modifications of toco-graphic equipment will lead to an even greater scientific understanding of myometrial activity and will perhaps help establish an understanding of the "intrinsic capacity of the uterus to empty itself of a fetus."

Dr. Dodek's original hystero-graph has been put on permanent display in George Washington University's Library of the School of Medicine and Health Sciences in a conference room soon to be named in his honor.

Next to the display is a portrait of Dr. Dodek, painted by a man he delivered 28 years ago whose mother was monitored by the hystero-graph.

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1940

Dr. John C. Brady, 228 Horton St., Wilkes-Barre, Pa., writes that his son, Michael, will graduate in June 1977 from Jefferson and intends to take a residency in pediatrics.

Dr. Abraham G. Eisner, 801 N. Irving Ave., Scranton, Pa., has two sons studying at Jefferson, David, a senior, and Steven, a junior.

Dr. Rowland E. Wood, 2201 4th St., St. Petersburg, Fl., is Chairman of the Board of St. Petersburg Federal Savings and Loan Association. His son, Alvin, received his B.S. from the University of Chicago and is working on his Ph.D. in microbiology at the University of Florida.

1942

Dr. Edward M. McNicholas, 932 Netherwood Dr., Norristown, Pa., is working less as an industrial physician than as an anesthesiologist. He is in good health.

1943

Dr. Gerald E. Callery, 111 Long Lane, Upper Darby, Pa., traveling from Zurich to Davos turned in his bus seat to find classmate **Andy Ruoff** of Salt Lake City, Utah seated behind him. Both orthopaedic surgeons were on their way to a meeting of the Association for Internal Fixation of Fractures. The week long session was scheduled so that facilities of the famous Swiss ski resort could be well utilized.

Dr. George R. Fornwalt, Director of Obstetrics and Gynecology since 1974 at Delaware County Memorial Hospital, is President of the Medical Staff and Chairman of the Executive Committee of the Hospital.

Dr. Howard L. J. Pennington, 1360 W. 6th St., San Pedro, Ca., writes that he has six boys and two girls. His eldest son is in medical school and eldest daughter has her M.S. in psychology.

1944J

Dr. George H. Jones, 6030 Cameldale Way, Scottsdale, Az., writes that he is now in the restaurant business.

1944S

Dr. John J. Gartland, the James Edwards Professor of Orthopaedic Surgery and Chairman of the Department at Jefferson, was elected second Vice President of the American Academy of Orthopaedic Surgery at the February meetings in Las Vegas. Dr. Gartland will take

office as President of the organization at the 1979 meetings in San Francisco.

Dr. James T. Spencer, Jr., 919 Newton Rd., Charleston, W. Va., is an Associate Clinical Professor in the Department of Otolaryngology at the West Virginia University School of Medicine.

1945

Dr. William T. Lineberry, Jr., 1890 Edgecliff Dr., Fullerton, Ca., retired from the Navy last year after 33 years of active duty. He is now working in the industrial medical clinic of the Gallatin Medical Group, where **Dr. Michael Paoletti '56** is the group's orthopaedist. "Both my daughters are attending Stephens College in Columbia, Missouri. We just bought a home in Fullerton and moved in three weeks before Christmas."

1947

Dr. John J. McKeown, Jr., 935 Cedar Grove Rd., Wynnewood, Pa., has been named Chairman of the Department of Surgery at the Mercy Catholic Medical Center which encompasses both Misericordia and Fitzgerald Mercy Hospitals.

Dr. Andrew J. Wehler left Dillon, Montana for St. Martinsville, Louisiana to continue his medical practice.

1948

Dr. Robert K. Finley, Jr., 31 Wyoming St., Dayton, Oh., is a Clinical Professor of Surgery at Wright State Medical College.

Dr. Francis R. Schwartz, 3718 Kingridge Dr., San Mateo, Ca., writes that he has been visiting his brother, **Robert**, '56 who practices in Paoli and has visited Jefferson. "The changes are beyond my wildest fantasy (circa 1948) and are most imposing."

Dr. John W. Smythe, 1454 Lake Mirror Dr., Winter Haven, Fl., writes, "New wife—new life."

Dr. Edwin L. Webb, Ste. 500, 1722 Pine St., Montgomery, Al., is Head of the Pediatrics Department, Chief of the Allergy Section, and former Chief of Staff at Jackson Hospital and Clinic. He is boarded in all his specialties and subspecialties and heads a pediatric allergy group in private practice.

1949

Dr. Edward A. Schauer, 53 Main St., Farmingdale, N.J., was recently elected Chairman of the Commission on Public Health and Scientific Affairs of the American Academy of Family Physicians.

1950

Dr. Frederick J. Fay, 1279 Broad St., Providence, R.I., writes that his son is a lieutenant in the Air Force, a jet pilot. His eldest daughter is married and mother of his new grandson and granddaughter. His youngest child is studying nursing at U.R.I.

Dr. Robert G. Hunter, 510 Briar Manor, Berwick, Pa., is President of the Columbia County Unit of the American Cancer Society. Dr. Hunter is a pathologist at Berwick Hospital, Bloomsburg, Pennsylvania.

Dr. Frank E. McElree, Jr., 205 Lynwood Dr., Greenville, Pa., has been elected to the Board of Allegheny College. The surgeon is an Allegheny graduate and active in civic affairs. He is a Fellow of the American College of Surgeons.

1951

Dr. Jasper C. Chen See is a Clinical Associate Professor of Pathology at Jefferson. He resides at 2147 Perkiomen Ave., Reading, Pennsylvania.

Dr. Philip J. Escoll, 431 Hidden River Rd., Penn Valley, Pa., has been appointed supervising and training analyst with the Philadelphia Psychoanalytic Institute.

Dr. John C. Maerz, 301 Smith Rd., a Schwenksville family physician and Director of Clinical Services for McNeil Laboratories, Inc., is President of the Montgomery County Medical Society. His son, John, is a sophomore at Jefferson.

Dr. David A. Peters, 10302 Conejo Ln., Oakton, Va., is Assistant Administrator for Professional Services at the Alexandria Hospital.

1953

Dr. Carl F. Brandfass, Jr., 85 E. India Row, Boston, is Chief of Family Practice at Cambridge Center of the Harvard Community Health Plan, an HMO.

Dr. John H. Harris, Jr., 224 Parker St., Carlisle, Pa., has been promoted to Professor of Radiology at Jefferson, effective July 1, 1977.

Dr. John C. Herrman, Lewis County General Hospital, Lowville, N.Y., is Chief of Staff at the above Hospital and a member of the Executive Committee of the Central New York HSA. He is also a Deputy Coroner.

1954

Dr. G. Richard Dickersin, 1451 Brush Hill Rd., Milton, Ma., is Associate Pathologist at Massachusetts General Hospital and an Assistant Professor at Harvard.

Dr. Charles H. Greenbaum, 8220 Castor Ave., Philadelphia, a Clinical Associate Professor of Dermatology at Jefferson, has been elected President of the Pennsylvania Academy of Dermatology.

Dr. John B. Nelson, III, 17 Prospect Ave., Newtonville, Ma., is Director of the Brookline Mental Health Center and is President of the American Association of Psychiatric Services for Children.

Dr. James F. Welsh, R.D. 1, Box 317, Mohn-ton, Pa., is President of the Berks County Medical Society for 1977.

1955

Dr. Robert I. Fraser, 1117 W. 12, Anchorage, Al., is Director of Health of the State of Alaska. His wife, Shirley, practices neurology. They have three boys.

Dr. William P. Henderson, 2103 E. Washington, Bloomington, Il., was elected President of St. Joseph's Hospital staff for 1977-78.

Dr. J. Donald Schultz, R.D. #1, Box 250, Shelburne, Vt., is certified in family practice and is a Fellow in the American Academy of Family Physicians. He is enjoying his medical work and some teaching at the University of Vermont.

Dr. Barstow Day



"You overwhelm me." This from Dr. Richard I. Barstow '33 as Dr. Barstow Day was celebrated on the Village Green in Norfolk, Connecticut. His friends, patients and neighbors gathered to honor him on the occasion of his 40th year in general practice there. Among the 350 guests was his first baby, Richard Roberts who traveled from Virginia with his family to be "on the green."

In addition to his medical practice Dr. Barstow always has been active in the community, serving on the Board of Education, as moderator at the Town Meetings and as a Trustee of the Yale Summer School of Music and Art. The event was televised on Hartford's Channel 3. Writes Dr. Barstow "the next day a colleague told me Dr. Welby was worried."

1956

Dr. Frank E. Mele, Jr., has been named Clinical Professor of Surgery at Hahnemann Medical College. Dr. Mele is also Chairman of the Department of Surgery at St. Agnes Medical Center. He resides at 545 Chandler Ln., Villanova.

1957

Dr. John R. Prehatny, 402 Penn Rd., Wynnewood, Pa., has been appointed Director of Surgical Service and Chief, Department of General Surgery at Philadelphia's Methodist Hospital effective April, 1977. He succeeds **Dr. John J. Detuerk '38** who is Clinical Professor of Surgery at Jefferson. Dr. Prehatny is Clinical Associate Professor of Surgery at Jefferson.

Dr. Howard S. Richter, 53 Pleasant St., Woburn, Ma., is Chairman of the Department of Internal Medicine at Charles Choate Memorial Hospital. He is a Fellow of the American College of Physicians. He and his wife, Lin, who is Editor-in-Chief of the Medical Book Division of Little, Brown & Co., have a teenage son and daughter.

1958

Dr. Christopher J. Beetel, 2403 Jay Ln., Whitfield, Reading, Pa., in conjunction with his associates, **Dr. C. Harold Cohn '48** and **Dr. James H. Jewell, Jr.**, wrote the cover article for the June, 1976 Medical Record (the official journal of the Berks County Medical Society: its title "Axillo-Femoral Bypass Grafting for Lower Extremity Ischemia." The three physicians are cardiovascular surgeons on the staffs of Community General St. Joseph's and Reading Hospitals.

1959

Dr. Gary P. Romisher, 511 Gatewood Rd., Cherry Hill, N.J., writes that he and **Dr. Joseph G. Hernberg '59** have been associated in the practice of radiology for over five years. "We're both happy and enjoying life in South Jersey."

Dr. Samuel L. Stover has been appointed Director of the University of Alabama's Spain Rehabilitation Center. He will also serve as Chairman of the Department of Rehabilitative Medicine. He has been associated with the University's Birmingham campus since 1969, prior to which he had a general practice in Arkansas. He and his wife have two sons and a daughter and reside in Helena.

1960

Dr. Robert E. Barkett, 341 Cline Ave., Mansfield, Oh., was certified by the American Board of Internal Medicine in 1969. He is the 1977 President of the Richland County Medical Society. Dr. Barkett is the father of four children, the eldest of whom is a sophomore at Ohio Wesleyan University.

Dr. Connell J. Trimmer, 121 N. Washington St., Alexandria, Va., writes, "We opened our new hospital in October without too many problems. I am serving as Chief of Surgery. There are opportunities for general surgeons at Mt. Vernon."

1961

Dr. Allen L. Davies has been named Director of Thoracic Surgery at Wilmington Medical Center. He is also Director of Education for the combined program with Jefferson for surgical residencies.

Dr. Steven R. Homel, 222 W. Rittenhouse Sq., Philadelphia, practices pediatrics and adolescent medicine in Philadelphia. He is a member of the Royal Society for Health-London, and a charter member of the Society for Adolescent Medicine among others.

Dr. James A. Walsh, 5115 Falcon Ridge Rd., Roanoke, Va., has joined the staff of the

Lewis Gale Clinic in the specialty of radiology and nuclear medicine, in which he is Board certified.

1962

Dr. Charles J. Bannon, Medical Arts Bldg., Scranton, Pa., is President-elect of the Lackawanna County Medical Society. Dr. Bannon is a Board certified surgeon, with hospital staff appointments at Mercy, Moses Taylor and other area hospitals. He and his wife, Mary, have six children.

Dr. Louis E. Levinson, 515 Westbank Expy., Gretna, La., writes that he and his wife, Phyllis, just celebrated their 16th anniversary. "Tracy is 15, a sophomore in high school, Dara is 11. I am in a four-person group practice. Ob-gyn gets more interesting every year."

Dr. George E. McCarthy, 419 Riverview Rd., Swarthmore, Pa., received his second Board certification from the American Board of Nuclear Medicine, in addition to his certification by the American Board of Radiology.

1963

Dr. Manfred W. Lichtmann, 9928 Bedfordshire Ct., Potomac, Md., a colonel in the Army Medical Corps, is Chief of Anesthesiology at Walter Reed Army Medical Center in Washington. He and his wife, Emily, have three children, Karen, 14, Charles, 12, and Eric, 6.

Dr. Thomas S. Patricoski, 12210 S. 86th Ave., Palos Park, Ill., is in the private practice of family medicine with two associates. He is now serving his third term as President of the Beverly Chapter of the Illinois Academy of Family Physicians.

Dr. John J. Taraska, 6520 Robinwood Dr., Peoria, Ill., is Clinical Director of the State University of Medical Technology. He is Medical Director of St. Jude's Midwest Affiliate, an Associate Professor in Pathology at Peoria School of Medicine and Chairman of the Pathology Department of Methodist Medical Center in Peoria.

1964

Dr. Robert A. Bullock, 11410 Lorena Ln., El Cajon, Ca., and his wife, Julie, have two sons, Robbie and Clay. After five years of general practice he took a residency in anesthesiology and is now practicing that specialty.

Dr. William A. Freeman, P.O. Box 130, Shippensburg, Pa., writes that he and his father, **Dr. Albert W. Freeman '36**, have added a new partner in their family practice, a Temple graduate and long-time friend. "We are moving to a new office building and have installed a solar heating

system." Another son is very much involved with the expanding chain nationwide, of Victoria Station restaurants.

Dr. Lawrence Green, 315 Maple Ave., Swarthmore, Pa., writes that he was certified by the American Board of Qualified Electroencephalographers in May of 1976.

Dr. John K. Howe, 108 Beacon Hill Ln., Summerville, S.C., is Chief of Pediatrics at Naval Regional Medical Center in Charleston.

Dr. Nicholas R. Salerno, 7 Stuart Dr., Bloomfield, Ct., announces the birth of his second son, Mark, born June 20, 1976.

Dr. Stanley J. Yoder, 2748 Palm Dr., Billings, Mt., is in a multi-specialty group, the Billings Clinic. He was elected to Fellowship in the American Academy of Orthopaedic Surgeons.

1965

Dr. Nancy S. Czarnecki, 9410 Academy Rd., Philadelphia, recently passed her Boards in Family Medicine. She was elected to membership on the Executive Committee of Jefferson's Alumni Association in February.

Dr. George L. Hamilton, 15 Gordon St., Sausalito, Ca., is practicing ophthalmology at Kaiser Hospital in San Francisco.

Dr. Martin H. Lizerbram writes that he is practicing allergy in San Diego. "Myra, Fran, 13, Eric, 11 and Jeff, 7, and myself are enjoying the most beautiful area of Southern California. We welcome classmates visiting the area." The family resides at 427 Sea Ridge Dr., La Jolla.

Dr. Robert E. Longnecker, 15 Norton Ln., Old Greenwich, Ct., is Director of the Baumritter Kidney Center of Albert Einstein College of Medicine.

Dr. George W. Smith, 101 S. 2nd St., Harrisburg, Pa., is in the 1977 edition of Who's Who in the East.

Dr. Garry H. Wachtel, 7100 S.W. 7th St., Plantation, Fl., and his wife, Linda, have three children. He is practicing obstetrics and gynecology in three towns. His wife is involved in real estate.

Dr. Richard C. Wilson, 4384 Clearview Ci., Allentown, Pa., is still practicing in a group of three internists at Sacred Heart Hospital. He passed his cardiovascular Boards.

1966

Dr. I. Paul Chudnow, El Dorado Estates, Plantation, Fl., writes that he enjoyed last year's reunion. He is serving now as Vice-Chief of Obstetrics and Gynecology at Plantation General Hospital.

Dr. William R. Collini, 9 Stonehedge Ter., Sparta, N.J., is a Fellow in the American College of Surgeons. He practices urology in association with one other physician and has staff appointments at Newton Memorial Hospital and Hackettstown Community Hospital. He is a Clinical Instructor in Urology at New Jersey College of Medicine in Newark. He and his wife have three daughters.

Dr. James S. Dyer, 6541 Crown Blvd., San Jose, Ca., opened an office for family practice at the above address in January.

Dr. Steven A. Friedman is practicing pulmonary medicine on the staffs of Delaware County and Fitzgerald Mercy Hospitals in suburban Philadelphia. He and his wife have three children.

Dr. Arthur J. Schatz, 19300 N.E. 25th Ave., North Miami Beach, is recently married and practicing ob-gyn in Miami, "enjoying both very much."

1967

Dr. Carl P. Mulveny, 402 Lark Dr., Newark, De., is working full-time in emergency medicine as Vice-President of Doctors for Emergency Service in Wilmington. He is Director of Medical Education for Emergency Medicine at the Wilmington Medical Center.

Dr. James P. O'Hara, R.R. 4, Iowa City, Io., is practicing orthopaedic surgery at the Steindler Clinic in Iowa City.

Dr. Anthony M. Padula, 8809 Carlisle Rd., Wyndmoor, Pa., is in surgical practice with the Northwest Surgical Associates in Chestnut Hill. He is serving as reunion chairman for his 10th this June.

Dr. Philip A. Rosenfeld, 355 Wenner Way, Ft. Washington, Pa., was appointed to the Board of Trustees of Pennhurst State School and Hospital.

Dr. Scott C. Stein, 3001 N.E. 40th St., Ft. Lauderdale, Fl., and his wife, Susan, have two sons, Sean and Craig.

Dr. Donald C. Weiser, 5606 N. Meridian, Indianapolis, is Director of Adult Pulmonary Medicine at Methodist Hospital in Indianapolis. He and his wife, Carole, have five children.

Dr. Matthew White, Box 142, Bremerton, Wa., was promoted to commander in the Navy. He is a Fellow in the American Academy of Family Physicians. He plans to teach in a Seattle residency program in family medicine.

Dr. Alan H. Wolson, 1467 Wedgewood Rd., Allentown, Pa., spent four years as an Assistant Professor of Radiology and Head of the Ultrasound Section at the University of Michigan. He is now practicing the two

specialties in Allentown at Sacred Heart Hospital Center. He and his wife, Gail, have a three-year-old son.

1968

Dr. Cyrus E. Beekey, Jr., is Director of the Hemodialysis Unit at York Hospital, York, Pennsylvania, where he took his internship and residency. He also completed a Fellowship in nephrology at the University of Maryland Hospital.

Dr. Barry Corson, 705 Butternut Ci., Blue Bell, Pa., started a new solo practice at English Village Professional Center in North Wales. He is Board certified in family medicine.

Dr. Stephen L. Hershey, 2300 Amesbury Rd., Akron, Oh., has a private practice of orthopaedic surgery in a multi-specialty group. He is a Fellow in the American Academy of Orthopaedic Surgeons.

Dr. Gerald A. Hiatt, 562 N. Kalaheo Ave., Kailua, Hi., left the Army in 1976 as Assistant Chief of Gastroenterology. He is now practicing at the Fronk Clinic in Honolulu.

Dr. Lyndon E. Mansfield, 2464 S. Elkhart St., Aurora, Ca., is completing a Fellowship in immunology-allergy at Fitzsimmons Army Medical Center. He has a new son, Michael.

1969

Dr. Stanley N. Brand, 4303 W. 93rd Ter., Prairie Village, Ks., is subspecializing in gastroenterology in a multi-specialty internal medicine group in Kansas City. He is a Lecturer in Clinical Medicine at the University of Missouri-Kansas City Medical School.

Dr. John F. Frantz, II, 11 Woolridge Pl., Newport News, Va., passed his ophthalmology Boards in May. His second daughter, Jennifer Ellen, was born July 9, 1976.

Dr. Philip H. Geetter, 711 Lawn Ave., Sellersville, Pa., is Chief of Ophthalmology at Grand View Hospital in Sellersville. He is Board certified.

Dr. Peter A. Gehret, 9311 E. Berry Ct., Englewood, Co., has a private practice of orthopaedics in Denver. He has two sons, Scott, six, and Zach, three.

Dr. Salvatore P. Girardo, 2517 S. Colorado St., Philadelphia, is Board certified in cardiovascular disease. He is practicing cardiology in Philadelphia at Methodist and Jefferson Hospitals. He is a Clinical Instructor in Medicine at Jefferson.

Dr. Richard C. Gross, 4391 26th St., San Francisco, writes that he and his wife, Carol, had their first child, a son, Carson

Haven, on June 5. Dr. Gross ran the Silver State Marathon in Reno (elevation 5000') in three hours, 55 minutes.

Dr. James D. Heckman, 3606 Prince George Dr., San Antonio, Tx., is an Assistant Professor of Orthopaedics at the University of Texas Health Sciences Center. He and his wife, Susan have two children.

Dr. Vincent T. Randazzo, 18 Braeburn Dr., Lincroft, N.J., announces the birth of a son, Vincent Peter, on July 6, 1976.

Dr. Neil S. Schwalb, 1118 Tannerie Run Rd., Ambler, Pa., is certified by the American Board of Psychiatry and Neurology and is practicing psychiatry at Friends Hospital and Rolling Hill Hospital. He and his wife, Lois, have two children, Marc, six, and Wendy, three.

Dr. Jay S. Skyler, 14345 S.W. 72nd Ct., Miami, is an Associate Professor of Medicine and Pediatrics at the University of Miami School of Medicine and Associate Director of the Diabetes Research Center.

Dr. Barry S. Smith, 702 Lexington Pl., Louisville, Ky., was Board certified in P.M.R. He is Associate Medical Director of the Institute of P.M.R. in Louisville.

Dr. Thomas E. Sullivan, 14 Herold Rd., Peabody, Ma., is a Fellow of the American College of Cardiology and is Board certified in the specialty. He has a private practice in Ipswich and Salem and is a staff cardiologist at Salem Hospital.

1970

Dr. Ronald Blum, General Delivery, Paten, Me., has settled into the practice of pediatrics and family medicine in a rural area of Maine after a two-year camping tour of the U.S. and Central America.

Dr. James H. Dohnarsky, 4000 Gypsy Ln., Philadelphia, is in the second year of a pulmonary Fellowship at Hahnemann. He and his wife, Lorraine, announce the birth of their first child, Jonathan North, on October 16, 1976.

Dr. James M. Gerson, 1001 City Line Ave., Philadelphia, is Board certified in pediatrics and pediatric hematology-oncology. He is a lieutenant commander at the Navy Regional Medical Center in Philadelphia.

Dr. Stephen Glassberg, 111 W. 11th St., New York, is completing his last year of a psychiatry residency at Roosevelt Hospital where he is Chief Resident.

Dr. Harvey B. Lefton, 1327 Wright Dr., Huntingdon Valley, Pa., is in practice and teaching in the Department of Gastroenterology at the Medical College of Pennsylvania and Frankford Hospitals. He is a Board certified gastroenterologist and a Fellow in

the American College of Gastroenterology. He and his wife, Paulette, have two children, Allison, four, and Daniel, one.

Dr. Sarah Sundborg Long, 1200 Rose Glen Rd., Gladwyne, Pa., is Chief of Infectious Diseases at St. Christopher's Hospital for Children in Philadelphia. She and her husband have two children, Stephen, four and Suzanne, two.

Dr. Lawrence S. Miller, 1842 Roscomare Rd., Los Angeles, is Medical Director of the Glendale Adventist Rehabilitation Center. He is also an active member of the American Association of Electromyography and Electrodiagnosis.

Dr. Frederick C. Skvara, 920 Village Dr., N. Brunswick, N.J., has been appointed Assistant Pathologist in the medical laboratory of John F. Kennedy Medical Center in Edison. He had been a Fellow in surgical pathology at Memorial Sloan-Kettering Cancer Center in New York. He is a Diplomate of the American Board of Pathology and is Vice-President of the New York Microscopical Society.

Dr. Nathan O. Thomas, 349 Main St., Meyersdale, Pa., is a Diplomate of the American Academy of Family Practice and serves as Assistant Chief of Staff at Meyersdale Community Hospital. He has three daughters ages five, three and one.

1971

Dr. R. Anthony Bescher, 51 Parkview Ct., Lancaster, N.Y., is in a general surgery residency at SUNY Buffalo, which he should complete in June '77.

Dr. Harry R. Cramer, Jr., 2362 Thompson Ct., Mountain View, Ca., is in his second year of a radiology residency at Stanford. "See classmate Jim Dooley occasionally. He's in his second year anesthesia residency at S.U.H." His wife, Gayle, has been working on her master's in communication at Stanford.

Dr. Paul M. Fernhoff, 1591 Knob Hill Dr., Atlanta, finished two years at the Center for Disease Control and has begun a Fellowship in medical genetics at Emory University. "No plans yet to practice in Plains, Georgia, but may open a MacDonald's."

Dr. Francisco J. Garcia-Torres, 3805 Cannon Pt. Dr., Chesapeake, Va., is a staff physician, GI service at the Portsmouth Naval Regional Medical Center. A second child is expected in June.

Dr. David H. Hennessey is a major in the USAF stationed at the Air Force Hospital in Lakenheath, England. He is a Fellow of the American College of Pediatrics and is a member of the Royal Medical Society and the Anglo-American Medical Association. He and his wife, a graduate of Jefferson's School of Nursing, have two daughters.

Dr. Joseph C. Kambe, 46 Shadow Pl., Billings, Mt., writes "Medicine was interfering with my skiing so I retired. When you read this I will be a ski bum in Canada (the only place with snow)."

Dr. Wilma C. Light, 1100 Ligonier St., Latrobe, Pa., is doing allergy in Latrobe.

Dr. John F. Motley, 1606 Boone Way, Lansdale, Pa., finished his Navy tour and is now working with a 17-man multi-specialty group. He is Board certified in pediatrics. He has two boys and two girls.

Dr. Theodore G. Probst, 10 Waterside Plaza, New York, writes that his wife gave birth to their second child, Arlena Ava, on June 24, 1976.

Dr. Dennis S. Riff, 16211 Santa Barbara Ln., Huntington Beach, Ca., has a private practice in gastroenterology. He and Millie Neney, a 1971 graduate of Jefferson's School of Nursing, were recently married.

Dr. Howard S. Robin, 6625 Lipmann St., San Diego, is taking a research Fellowship in molecular immunology at Scripps Clinic and Research Foundation in La Jolla. He is certified by the American Board of Anatomic and Clinical Pathology. following a residency at Jefferson.

Dr. Robert C. Snyder, 7425 Ruby Dr., Tacoma, Wa., finished his residency in pathology at the Hospital of the University of Pennsylvania. He is now staff pathologist and Chief of Hematopathology at Madigan Army Medical Center, while serving his two-year obligation.

Dr. Daniel G. Sommer, 609 Dennis Ct., Merced, Ca., will be discharged from the Air Force in July. He will take an angiography Fellowship at the University of California in San Diego.

Dr. G. Thomas Spigel, 1424 10th Ave., S.E., Rochester, Mn., is in his second year of a dermatology residency at the Mayo Clinic. His wife, Cecelia, works in the respiratory

I.C.U. at Methodist Hospital. "We are 'enjoying' the -47° wind chill factor!"

Dr. George S. Wineburgh, 10043 Ferndale St., Philadelphia, writes, "I have finished wasting two years with the U.S. Navy, part of which was spent with the 6th fleet preventing the fall of human freedom in Beirut. I have just started a Fellowship in rheumatology at the Einstein Medical Center."

1972

Dr. John N. Carson, a second year Fellow at Jefferson, received a one-year research grant from the Southeastern Pennsylvania Kidney Association. He is doing research in glomerulonephritis.

Dr. Philip J. DiGiacomo, Jr., 513 Paddock Rd., Havertown, Pa., will enter the Navy under the Berry plan as a gastroenterologist in July, 1977.

Dr. Richard L. Fieo, 2362 Missouri Ave., Homestead A.F.B., Fl., is expecting a second child in August, 1977.

Dr. Sanford Fitzig, Chalet Apts., Pine Hill, N.J., announces the birth of his son, Jeremy Blake, on November 10, 1976. "My wife, Elly, and daughter, Devon, will join me next year in the Air Force at the conclusion of my urology residency."

Dr. Stephen P. Flynn, 245 Hollywood Blvd., Havelock, N.C., will finish his tour with the Navy in June, 1977.

Dr. Gene H. Ginsberg, 1735A Clarion, Cannon A.F.B., Clovis, N.M., is practicing internal medicine with the Air Force. He announces the birth of a son, Daniel, on March 2, 1976.

Dr. Bernard A. Grumet, 338 Canterbury Dr., Pittsburgh, completed his internship and residency at Presbyterian-University Hospital where he served as Chief Medical resident. Board certified, he began private practice last July. He and his wife, Judy,

now have two sons, Steve, three, and Douglas, born December 26, 1976.

Drs. Joseph and Rosemary Horstmann, 108 W. Sunset Blvd., FPO San Francisco, write "Sure wish we could join you for the reunion but we're on Guam. Joe is doing pathology for the Navy on his Berry program and I'm doing psychiatry at Guam Memorial Hospital."

Dr. Charles J. Locke, 465 N. Harlem Ave., Oak Park, Il., is a senior resident in general surgery at Cook County Hospital in Chicago.

Dr. Richard H. Niemeyer, 1617 Vista Rd., Lancaster, Pa., is building an enlarged office facility large enough for six family physicians who desire to rotate in short-term medical missionary efforts abroad.

Dr. James Redka, 255 Quinby Rd., Rochester, N.Y., will finish his family medicine residency in June at the University of Rochester and will move with his wife, Peg, to a rural health center practice in Picture Rocks, Pennsylvania.

Dr. Barton L. Schneyer, 212 Brookley Ct., Loring A.F.B., Me., writes, "Can't wait to get back to Montefiore Hospital, Bronx, in July, 1977 to begin a pulmonary Fellowship. Elin and I are freezing up here in the far north with our furry friends, Danish and Max!"

Drs. Joan and Marc Shapiro, 23300 Providence Dr., Southfield, Mi., write that they have two sons, Evan and Jan Jeffrey. He will begin private practice in dermatology in Birmingham in April, 1977 and she will begin private practice in obstetrics and gynecology in July.

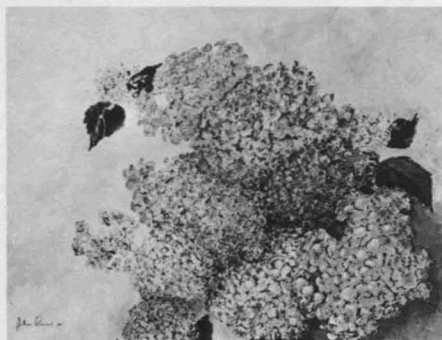
Dr. Robert E. Steward, Jr., R.D. 6, Danville, Pa., is finishing as Chief Surgical resident at Geisinger Medical Center in June, 1977. He then will enter active duty in the Army.

Dr. Timothy C. Wolfgang, 2673 Hungary Spring Rd., Richmond, Va., announces the birth of a son, Michael, born in April 1976. He will begin a Fellowship in thoracic surgery at Medical College of Virginia in July, 1977.

Enter The Annual Art Show

The 10th Annual Art Show sponsored by the Faculty Wives Club of Jefferson Medical College, is scheduled in 1977 for May 26 through June 9. All members of the University including alumni and their families are invited to participate. Since its inception the Show has grown in both size and interest. It again will be on view during the Medical College's reunion activities.

All media are acceptable. Applications for entry may be mailed to the Alumni



Office, 1020 Locust Street. Out of town entries may be mailed to the same address but should be received by May 24 for registration and hanging. FWC will return them to you by June 14. Please include all necessary information as indicated.

Mrs. Benjamin Haskell and Mrs. Paul J. Poinard are serving as co-chairmen of this year's show.

Exhibitors are invited to a reception on June 1 at Jefferson Alumni Hall.

1973

Dr. Barry Gordon, 31 E. 31st St., Baltimore, married Renée Taub of New York on December 21, 1975. He is Chief Resident in neurology at Johns Hopkins Hospital and his wife is a free-lance writer.

Dr. Peter R. Hulick, 29 Windflower Dr., Newark, De., will complete his residency in radiation therapy in June and will open a practice in Lynchburg, Virginia in August.

Dr. Ivan H. Jacobs, 331 E. 29th St., New York, will complete his ophthalmology residency at N.Y.U. in July but will continue as a glaucoma Fellow there.

Dr. William E. Kunsman, 201 Cherrydell Dr., Pittsburgh, and his wife, Carol announce the birth of Julie Lynn, born October 6, 1976. He is a cardiology Fellow at the University of Pittsburgh-Presbyterian Hospital.

Dr. Christopher L. Leach, 140 Malvern Pl., Jackson, Ms., is a third year surgery resident at the University of Mississippi and is enjoying the experience.

Dr. David M. Rogovitz, 66 Pacific Ave., Toronto, Ont., will begin a staff position at the University of Cincinnati's Children's Hospital Medical Center in July.

Dr. Michael J. Schmerin, 435 E. 70th St., New York, is a second year Fellow in gastroenterology at New York Hospital-Cornell Medical Center where he completed his internship and residency in internal medicine.

1974

Dr. David A. Brent, 412 Benedicta, Trinidad, Co., is a pediatrician for a small town in a children and youth project. He spent the summer hiking in the northwest and hopes to go to Alaska this coming summer. "With the money I earn here I hope to do additional traveling."

Dr. Marietta F. Guidon, 1218 Walnut St., Philadelphia, was married February 19 in Henderson, North Carolina, to Mr. Conrad E. Grundlehner, manager of computer application for Hay Associates. She is a resident in the Department of Medicine at Jefferson.

Dr. R. Brooke Jeffrey, Jr., 133 Capra Way, San Francisco, is a radiology resident at the University of California. "Great!"

Dr. John J. Karlavage, 334 W. Pine St., Mahanoy City, Pa., announces the birth of his first child, Sarah Elizabeth, born October 5, 1976.

Dr. and Mrs. Frank T. Kucer, 649 S. Henderson Rd., King of Prussia, Pa., announce the birth of their first child, Jeffrey Michael, born January 5, 1976. She is **Dr. Kathleen B. Kucer '76**.

1975

Dr. Alexander G. Paterson, a second year Family Practice resident at Latrobe Area Hospital, presented a paper at a meeting of the American College of Physicians in New York.

Dr. Justin F. Weiss, 5763 N. Placita Bacanora, Tucson, Az., is a second year resident in radiology at the University of Arizona. He was married on June 30, 1976 to Meg Ellen Shearn, a graduate of the Jefferson School of Cytotechnology.

1976

Dr. Kathleen B. Kucer, 649 S. Henderson Rd., King of Prussia, Pa., announces the birth of her first child, Jeffrey Michael, born January 5, 1976. Her husband is **Dr. Frank Kucer '74**.

To The Editor

As a member of the volunteer faculty, I receive the *Alumni Bulletin* regularly. I would like to express my displeasure at the degrading inclusions which refer to women and family members. In the most recent issue, Winter 1977, for example, on page 22 the woman and child are only referred to as the "Howard Goody family." They are pictured, but neglected in words and associated as appendages of the man. The same on page 23, where in the upper photo, the only person pictured is referred to as "The William Bodenshtabs," although she is a woman. The tradition of overlooking women is continued on page 35, where all the women pictured are referred to by their husband's first names, as if they did not possess first names.

I am hoping that *The Jefferson Alumni Bulletin* will take the lead in abolishing traditions that are insulting and degrading to human beings. Thank you very much for giving this matter your attention.

Sincerely yours,
Richard Peltz
Research Assistant
Professor of Ophthalmology

eds. note: In the captions Dr. Peltz mentions we used a form that is correct by traditional standards of etiquette. We recognize, however, that these standards should not be presumed acceptable to all segments of our audience.

Obituary

Harry T. Richardson, 1900

Died December 17, 1976 at the age of 99. Dr. Richardson had lived at the Alpine Retirement Center in Hershey, Pennsylvania. He was Jefferson's oldest living alumnus.

Jesse G. Webster, 1914

Died December 26, 1976. He retired in 1969 after more than 50 years of practice in the Wellsboro, Pennsylvania area. He was on the staff of the Soldiers and Sailors Memorial Hospital there.

James J. Monahan, 1916

Died November 14, 1976. The retired ENT specialist practiced in Shenandoah, Pennsylvania for almost 50 years. He had been head of the alcoholic drug abuse program of Schuylkill-Columbia and Luzerne Counties and a past President of the Shenandoah Medical Society. He was also a Shenandoah School Director for 20 years, among other civic functions. He was a co-founder of the State Academy of ENT and founder of the Labor College. He was on the staffs of Good Samaritan Hospital and Locust Mountain Hospital where he was a former Chief of Staff. He is survived by his wife, Anna, and one daughter.

Clyde E. Tibbens, 1916

Died September 30, 1976. Dr. Tibbens, a specialist in eye, ear, nose and throat, practiced in Washington, Pennsylvania for 35 years. He was a member of the Washington Hospital staff, various professional and social societies including 50-year membership in the Sunset Lodge. Dr. Tibbens retired from practice in 1955. He is survived by his wife, Nina, a son **Dr. George F. Tibbens '47**, and a daughter, Mrs. John M. Olshock.

Byron E. Shaw, 1917

Died October 24, 1976. Dr. Shaw was a family practitioner in Springdale, Pennsylvania, and was associated with the Citizens General Hospital there. His wife survives him.

J. Street Brewer, 1919

Died August 1, 1976. Dr. Brewer was a member of the Board of Directors of the Hospital Care Association of Durham, North Carolina from 1950 to 1966. He was President and Chairman of various Committees of the Medical Society of North Carolina and received distinguished service awards from the University of North Carolina and from Wake Forest College, his alma mater. Dr. Brewer was founder and co-owner of the Brewer-Starling Clinic in Roseboro.

Frank W. Konzelmann, 1919

Died February 6, 1977 at the age of 82. Dr. Konzelmann was an Assistant Professor of Pathology at Jefferson and a pathologist at Temple. He served as Director of Laboratories in Atlantic City Hospital, Emergency Hospital in Washington, D.C., Washington Sanitarium in Potomac, Maryland and others. He is survived by his wife, Anna.

Henry B. Decker, 1920

Died December 24, 1976 at the age of 83. Dr. Decker was Emeritus Professor of Dermatology at Jefferson serving as Department Chairman from 1950 to 1958. His first appointment to the faculty was in 1921. In addition to his administrative duties at Jefferson he was dermatologist to Cooper, Camden County General Hospital and Camden County Tuberculosis Hospitals in New Jersey. He was a member of numerous organizations including the American Academy of Dermatology. Dr. Decker served as President of both the Medical Society of New Jersey and the Camden County Medical Society. He was the author of numerous papers many written with Dr. F. C. Knowles. Surviving are a son and two daughters.

William B. Atkinson, 1921

Died September 9, 1976. The Campbellsville, Kentucky physician is survived by his wife.

Charles R. Miller, Jr., 1921

Died December 8, 1976 at the age of 80. He retired in 1961 after 30 years as Reading Railroad physician. Previously

he had been employed by the Pennsylvania Railroad. He had been a Mason for 50 years. Surviving are his wife, Josephine, and a stepson.

Leo S. Strawn, 1921

Died February 23, 1976. The retired physician lived in Pittsburgh.

Anthony D. Amerise, 1922

Died December 31, 1976. Dr. Amerise was a founder of Doctor's Hospital in Coral Gables, Florida, and the Hospital has a wing named in his honor. A prominent Coral Gables citizen, he was also a Director of its City National Bank. Dr. Amerise was a member of the Founders Fund of Jefferson University.

Merle W. Moore, 1924

Died January 18, 1977. He had practiced allergy in Portland, Oregon.

George C. Thomas, 1924

Died August 24, 1976 at the age of 80. The retired physician lived in Vero Beach, Florida.

Louis J. Roderer, 1926

Died September 26, 1976. Dr. Roderer was a family physician in Philadelphia.

Edward J. Gough, 1930

Died December 23, 1976 at the age of 71. He was a Main Line physician for 45 years. During World War II, Dr. Gough served as the personal physician to Fleet Admiral Ernest J. King, Commander and Chief of the U.S. Fleet. He accompanied him to the Potsdam Conference in 1945. Practicing in Ardmore, Dr. Gough was on staff at Bryn Mawr Hospital and was physician to the Merion Fire Company. He is survived by his wife, Grace, a son and a daughter.

Rife Gingrich, 1931

Died December 20, 1976. He had been a family practitioner in Middletown, Pennsylvania.

John V. Miller, 1931

Died December 16, 1976 at the age of 71. A retired member of the staff at Holy Spirit Hospital, he practiced in Dillsburg, Pennsylvania from 1938 to

1964. He was a major in the U.S. Medical Corps during World War II and a member of several professional organizations. He is survived by his wife, Hulda, two sons and two daughters.

Lloyd A. Stahl, 1932

Died November 21, 1976 at the age of 72. A physician for 44 years he was on staff at Allentown Hospital and had a private practice in internal medicine. He was a former Chief of Medicine at Allentown Hospital, a former President of Lehigh County Medical Society and a former President of the Allentown Board of Health. Survivors include his wife, Dorothy, and two daughters.

Robert E. Steward, 1942

Died December 23, 1976 at the age of 59. Dr. Steward, a pediatrician in Easton, Pennsylvania for more than 25 years, was an Army veteran of World War II. He was a member of several professional organizations. Survivors include his wife, Ellen, two sons and a daughter. One of his sons, **Dr. Robert E. Jr.**, is a 1972 Jefferson graduate.

Stanley K. Wallace, 1942

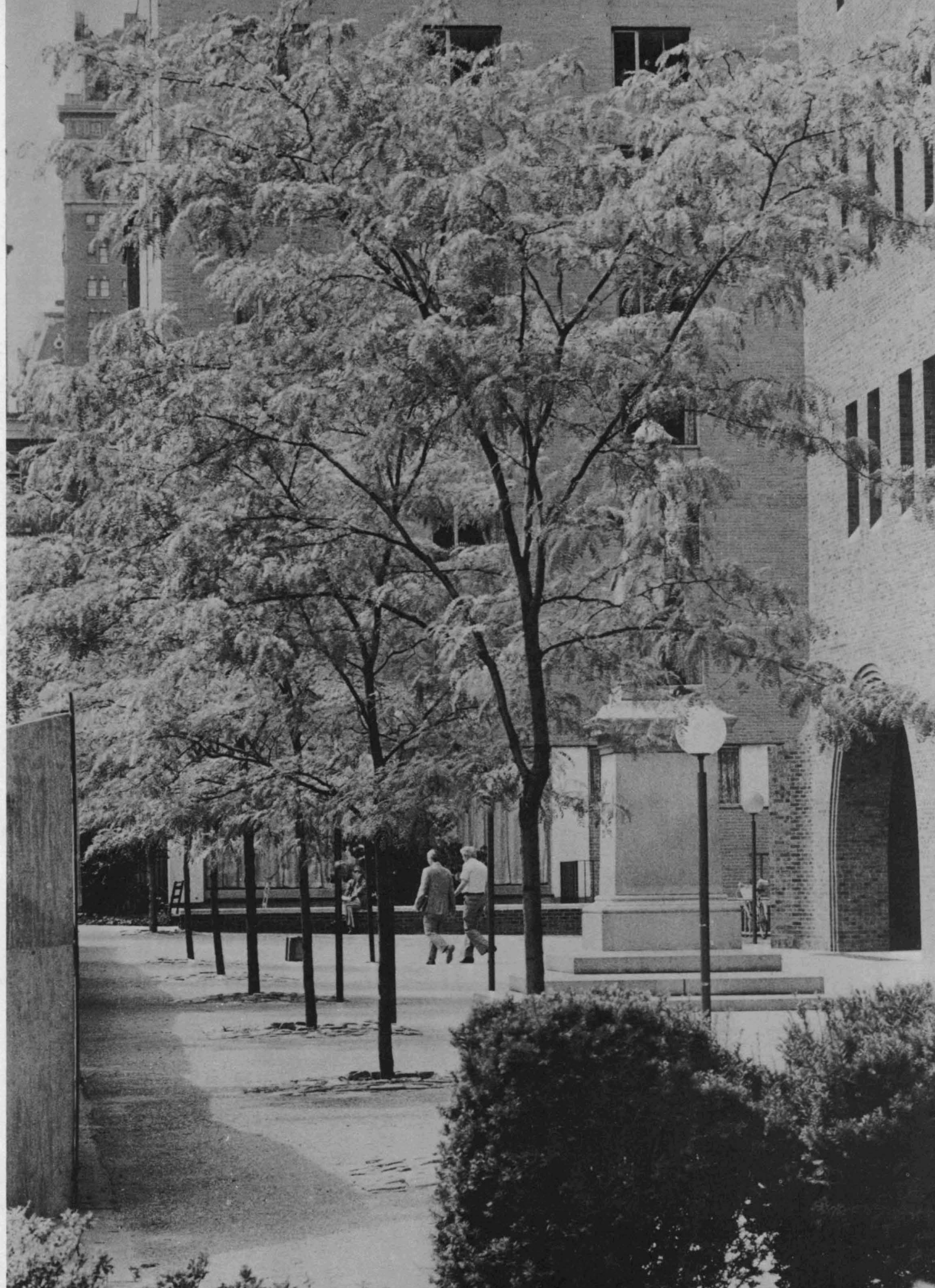
Died February 2, 1977 after a prolonged illness which made necessary his retirement from the practice of medicine in 1968. He resided in Lake Placid, Florida. Dr. Wallace is survived by his wife, Eleanor, and family.

Richard S. Brown, 1952

Died January 16, 1977. Dr. Brown practiced surgery at Lewistown Hospital in Pennsylvania and was a past President of the surgical staff there. He was certified by the American College of Surgeons and a member of the American Trauma Society and the Pennsylvania Thoracic Society among others. Four sons survive him.

James R. Ramser, 1960

Died July 24, 1976 at the age of 42. Dr. Ramser practiced orthopaedic surgery in Harrisonburg, Virginia and was on the visiting staff of the University of Virginia Hospital in Charlottesville. He is survived by his wife, Janice, two sons and a daughter.



Official Ballot

Nominee for the Position of
Alumni Trustee of Thomas Jefferson University

Term: June 1977 to June 1980

Carl Zenz, M.D. 1949 _____

Write in Candidates _____

Name _____ Class _____

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The Samuel D. Gross statue behind the Scott Library and facing Jefferson Alumni Hall overlooks the Mall area. Now that spring has arrived on campus the Mall is a popular gathering place for students and faculty, a delightful spot for noon time picnicing and the frequent site of musical performances and other entertainment programs.

Reception
during the Annual Meeting
of the
American Medical Association
Sunday, June 19
6:00 P.M.
The Fairmont Hotel
San Francisco

All alumni and faculty invited